L.J. v. Massinga Independent Verification Agent

CERTIFICATION REPORT FOR DEFENDANTS'

72nd COMPLIANCE REPORT

January - June 2024

June 20, 2025

Rhonda Lipkin

Independent Verification Agent

Lisa Mathias

Assistant to Independent Verification Agent

rhonda.lipkin@gmail.com

410-499-3752

Note: Beginning with the 64th Report, Defendants' Six-Month Compliance Reports, and the IVA's Certification Reports can be found on the Maryland Department of Human Services website under the "Consent Decree" tab.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

This is the Independent Verification Agent's (IVA) Certification Report for the Defendants' 72nd Compliance Report for the reporting period of January 1 - June 30, 2024. Pursuant to the Modified Consent Decree (MCD) entered on October 9, 2009,

> 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.

Defendants provided their 72nd Report to the IVA on March 12, 2025, more than eight months after the end of the reporting period.[1]

There were 1,407 children in the Baltimore City foster care system as of April 30, 2025. This report addresses continuing concerns about Maryland's child welfare data system, CJAMS (Child, Juvenile and Adult Management System), its data reporting capabilities and data input, and the impact on obtaining accurate, reliable and valid data regarding the safety, permanency, and well-being of these children and their families. It highlights the continuing need for more placements and services particularly for children and youth with complex health and mental health issues; continuing delays in provision of health care services; and the ongoing need for better parent engagement and case planning. It also recognizes achievements in reducing caseloads and

[1] 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.

increasing kin placements, and the need to ensure that those improvements continue. Lastly, this report includes certification decisions for the 30% of measures for which data was reported.

Provision of Data from CJAMS Remains Problematic

The IVA is tasked with verifying independently the data generated by the Maryland Department of Human Services (DHS) and Baltimore City Department of Social Services (BCDSS) to determine compliance with the *L.J. v. Massinga* Modified Consent Decree (MCD). The IVA has been unable to accomplish this verification responsibility fully because of one central problem: Defendants' inability to generate accurate, reliable and valid reports from its child welfare database system, CJAMS. Since the implementation of CJAMS in Baltimore City in 2020, it has been replete with problems including:

- poor design of the CJAMS user interface ("application") to capture all of the necessary data;
- failure to document the "back end" data tables simultaneously with system development; and
- choice of a reporting system ("QLIK") that requires coding by experts to extract the data.

Federal law requires that child welfare agencies receiving federal funds have Comprehensive Child Welfare Information Systems (CCWIS) that meet certain criteria.[2] Maryland's decision to create a new data system rather than adapting one of numerous other jurisdictions has been a costly one. Given the money and time spent to this point, replacing CJAMS does not seem likely. Instead, there is the need for continuous enhancement of the system with changes and additions to make it meet the data entry and reporting requirements not only of

[2] 45 C.F.R. Sections 1355.50 - 1355.58.

L.J. and other lawsuits against the state, but also of federal and state governments, internal and external auditors and agency self-monitoring. Defendants have referred to the reporting requirements of *L.J.* as "extremely burdensome,"[3] but the reality is that the reporting that *L.J.* requires is no more than Defendants need to do to meet their basic responsibilities of safety, permanency and well-being for Maryland's children and families under their supervision and care. Accurate reporting of important data points is a responsibility not a burden.

Over the past two years Defendants have improved their ability to fix defects and enhance the CJAMS user interface ("application") more efficiently, although there still is a significant backlog of changes that need to be made. What they have not done is adopt a data reporting system that, without complicated expert computer coding, can rapidly and reliably create reports to extract needed data. Such report-creating capability is a basic requirement for any data system. Defendants have limited their own ability to show compliance with the MCD due to their inability to deal timely with the problems with both the CJAMS application and the current CJAMS reporting system. It is *possible* that Defendants are in compliance with some of the other reporting requirements, but they are unable to provide accurate, reliable and valid data to prove compliance. To show even substantial compliance, they need to be able to fix the reporting problems without delay.

In March 2024, Defendants and Plaintiffs agreed upon certain "priority measures" for which they felt data was most urgently needed. For the first time since CJAMS was deployed in Baltimore City in 2020, Defendants established a timetable for completion of those CJAMS measures and for some of the revisions of the CJAMS application necessary to complete those reports accurately. Unfortunately, as of the date of this report, only 8 of the 15 priority reports

[3] Defs.' 72nd Report, p. 3.

have been completed by MDTHINK and validated by BCDSS Innovations staff as accurate. Defendants remain a significant distance from the goal of producing reports that can extract accurate, reliable and valid data from CJAMS. Reports for more than 70% of *L.J.*'s 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. In addition, reports for which data is obtained from the Quality Service Reviews (QSR)[4] and from some other sources are not currently certifiable as accurate, valid and reliable.

The majority of the *L.J.* reporting requirements are indicators of a child welfare system's ability to meet the safety, permanency and well-being needs of the children for which it is responsible. For example, *L.J.* requires the measurement and reporting of case planning. Timely case planning of high quality is not just a box to be checked off or just a "process measure." As one of the key federal and state law requirements, case planning is fundamental to ensuring that children do not linger for years in foster care; that they are safe in the homes and facilities in which they are placed; and that their basic needs are being met.

The provision of safe and healthy placements is one of the most basic of Defendants' responsibilities. *L.J.* requires reporting on whether licensed foster and kinship caregivers and their homes meet all legal requirements and whether they are reviewed annually to ensure those requirements continue to be met, as is required by federal and state law. At this time, due to limitations in both the CJAMS application and its reporting capability, Defendants cannot provide assurance that those caregivers and their homes meet basic requirements such as freedom from serious criminal convictions, safety from fire risks, access to handguns or medication by children,

[4] QSR is an intensive case review system which assesses the status of a child in foster care and the agency's practice in that child's case. It has been in place at BCDSS since 2014 and has been used to provide compliance data for some of the MCD's qualitative measures.

or absence of lead paint. Caseworkers are required to assess potential hazards and to record the results of the assessments in the database or on papers uploaded to the database. Supervisors are responsible for reviewing that data before approving an applicant for licensing. However, at this time, that information cannot be verified other than by looking at every individual case in the CJAMS application. It may be that Defendants currently are meeting or substantially meeting the requirement that 95% of the homes meet all legal requirements, but Defendants currently cannot even assert compliance as the data entry for that *L.J.* measure remains "TBD," along with 70% of the other *L.J.* measures.

BCDSS' Innovations staff have worked hard with what is accessible to them - primarily Defendants' daily "milestone" reports[5] - to provide BCDSS supervisors with tools to monitor their caseworkers, including reminding them of dates that required activities are due, such as completing case plans, ensuring timely doctor visits and conducting reconsiderations of caregiver homes to ensure they still are meeting legal requirements. CJAMS was not created with either built-in "tickler" systems or audit trails for each data field, the latter a basic database function for ensuring data integrity. A number of time-consuming enhancements to the CJAMS applications have had to be made to create notifications for certain case requirements, e.g., reminding caseworkers to upload children's report cards quarterly, and audit trails for some critical fields, such as the time and author of child protective services investigation approvals.

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 long-standing child welfare lawsuits. However, data is necessary to establish a baseline from which to

[5] The Foster Care Milestone Reports are daily compilations of basic demographic and case-related information from portions of the CJAMS record for each child in foster care. Although an important resource, they are daily "snapshots," not case histories, and have significant limitations for more complex reporting needs.

show progress towards improved outcomes for children and families who are involved in the child welfare system. These data improvement efforts will need to come primarily from DHS, as Defendant BCDSS does not have the authority to make changes to CJAMS or to create the reports necessary for improvement and for demonstrating compliance.

Placement and Service Needs and Challenges

Due to the lack of available appropriate placements, children continue to spend multiple nights in BCDSS' office buildings and, until very recently, hotels. Other children remain in hospitals long past the time they are ready for discharge or in highly restrictive placements long after they are ready for a less restrictive setting. Many of these youth are rejected again and again by treatment foster care (TFC) or even group home providers - all licensed by DHS or the Developmental Disabilities Administration (DDA) - who are unwilling to accept teenagers or who do not have homes willing or able to accept them. This is a critical resource problem to address as teenagers and young adults between the ages of 14-20 made up 41% of the BCDSS foster care population as of April 30, 2025.[6]

In 2024, Defendants contracted with Chapin Hall for a statewide placement needs assessment. The final report, "Maryland Social Services Administration Placement Needs Assessment" (hereinafter referred to as the "Chapin Hall Report") was completed in January 2025.[7] This assessment provides further data and insight into the ongoing placement challenges experienced by children in BCDSS out-of-home care and across the state. It also raises concerns about how poorly CJAMS is documented in critical areas.[8] Although this is a statewide

[6] Foster Care Milestone End of the Month Report, April 30, 2025.
[7] Defendants' 72nd Report, Attachment A, Chapin Hall, "Maryland Social Services Administration Placement Needs Assessment" Final Report, (January 2025). ("Chapin Hall Report"). Chapin Hall is a policy research center focused on providing decision-makers with data analysis and solutions to support them in their work for children, families and communities.
[8] See, e.g., Att. 1, Chapin Hall, "Executive Summary to the Final Report," (January 2025), p. 7. The IVA has attached the Executive Summary to this report because Defendants do not include it as an attachment to their report.

assessment, the conclusions and recommendations are applicable to Baltimore City. Furthermore, most of the placement-related recommendations can be addressed by DHS alone because, other than kin placements and non-therapeutic foster homes, all other placements including treatment foster care providers, group homes and residential treatment centers are licensed by the state. Therefore, this issue must be addressed at the state level with DHS and its partner state agencies.

Focus on Kinship Care

DHS and BCDSS continue work towards becoming a "Kin First" agency and to infusing a kin-focused culture. This goal is supported by efforts at the state level through the enactment of new kinship-related legislation and kinship licensing regulations as well as enhancements to CJAMS to reflect more limited licensing criteria for kin than for non-kin foster homes. This work is necessary to help BCDSS reach their twin goals of increasing the kinship placement rate to 50%, and the licensing of kin to 90% of their kin providers (who then receive financial support comparable to non-relative foster parents).

As important as the rate of kinship placement is, Defendants also must track the stability of these kin placements and whether they lead to shorter lengths of stay in foster care and to permanency upon exit from foster care. Children should not just be placed with kin but also stay safely with them - for their foster care stay if reunification is the plan or, if reunification is not possible, permanently. It is critical that Defendants track the data in real time and respond quickly if the kin placements are in danger of disruption. Defendants must be prepared to provide services and sufficient financial support to stabilize placements in order to reach their kinship goals.

Health Care

Defendants' continuing poor performance in providing timely health care services to the children in OHP is an area of significant concern. The required health care examinations for

children in OHP in Baltimore City are the same as the requirements for children in OHP statewide based upon state regulations. Defendant BCDSS has come close to meeting the compliance standards for initial health screenings when children enter out-of-home care. However, the rates of compliance for the required comprehensive medical and dental exams in the first 60 days in out-of-home care and those required at least annually thereafter have not come close to meeting required compliance levels. Inadequate provision of medical care was an issue in the filing of the *L.J.* case in 1984 and continues to be today.

There continues to be an overall lack of data around the mental health needs of children in BCDSS custody. While children routinely receive an initial mental health assessment when they enter foster care, there is little information available regarding the provision of mental health care beyond this assessment. 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 and caregivers. The lack of documentation and data in this area was a concern raised in the Chapin Hall Report as well. The BCDSS Wellness Program, intended to provide continuity of mental health services to youth who may be unstable in their placements, continues to face implementation challenges due to issues with provider recruitment and retention of clinicians.

Compliance Certification Decisions

For the 72nd reporting period, Defendants request certification of compliance for Exit Standards 52, 121, 125 and 126. The IVA can certify as compliant Exit Standards 121, 125, and 126.

IVA CERTIFICATION REPORT FOR

DEFENDANTS' 72nd COMPLIANCE REPORT

I. INTRODUCTION

This is the IVA's Certification Report for the Defendants' 72nd Compliance Report covering the January 1 - June 30, 2024 reporting period. Defendants Baltimore City Department of Social Services (BCDSS) and Maryland Department of Human Services (DHS) provided their 72nd Report to the IVA and Plaintiffs on March 12, 2025, once again more than eight months after the end of the reporting period.[9] The delayed submission of reports to the IVA has been raised repeatedly with Defendants and in the IVA reports with no response by Defendants. Data collection and reporting does not appear to be the reason since more than 70% of measures still remain "TBD" in Defendants' report.

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

[9] 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 72nd reporting period was not provided until almost three months into the 74th 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.

> Defendants that supports self-correcting measures and ongoing quality improvement by Defendants.
> …
> 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.

The IVA has worked to fulfill these functions through these certification reports and by ongoing work with Defendants to improve access to accurate, reliable and valid data and the creation of accurate, reliable and valid data reports.

II. L.J. v. MASSINGA: BACKGROUND AND HISTORY

The original *L.J. v. Massinga* case was filed in U.S. District Court in December 1984 alleging statutory and constitutional violations due to the failure to protect and meet the needs of foster children in the custody of the Baltimore City Department of Social Services. On July 27, 1987, Judge Howard issued a preliminary injunction for the Plaintiffs.

> The court found overwhelming evidence of serious systematic deficiencies in Baltimore's foster care program such that foster children would suffer irreparable harm if immediate injunctive relief were not granted. Specifically, among its findings, the court determined that there was a lack of satisfactory foster homes; that the defendants failed to remove children from homes where physical and emotional abuse and neglect were threatened; that homes were licensed where foster parents were unable to care properly for the children; that "exceptions" were granted allowing clearly inadequate homes to remain open; that the system for providing medical care to foster children was inadequate to ensure continuous and informed treatment; and that the defendants had substantially failed to undertake the improvements recommended by an internal study produced by the "Harris Task Force."[10]

[10] 699 F. Supp. 508, 510 (D. Md.1988) (This quote is from the Order approving the consent decree a year after the preliminary injunction was granted. The 1987 order granting the preliminary injunction was not published; it is summarized here by the Court and included as Addendum B to the consent decree order.). Before filing suit, Plaintiffs supplied Defendants with a copy of the complaint in this case. In response, Defendants established the "Harris Task Force" which conducted a review and found "major systematic problems" in the BCDSS foster care program. 699 F. Supp. at 533-535.

The Fourth Circuit affirmed the preliminary injunction.[11] Defendants petitioned the United States Supreme Court for review, but certiorari was denied.[12]

Following a period of extensive settlement negotiations, the parties entered into their first consent decree, approved by the District Court on September 27, 1988. In approving the decree, the Court wrote:

> The consent decree that embodies the settlement retains substantially those measures ordered by the court as preliminary injunctive relief. It also seeks to make substantial improvements in several aspects of the foster care system including placing limits on the number of cases a worker may be responsible for, improving the system for providing medical treatment to foster children, providing assistance to natural parents that would allow children to remain with them thereby avoiding foster care where possible, and providing for a continuum of appropriate foster care placements including the recruitment of new foster homes. Different improvements are to be implemented at different times; however, all improvements are to be made within two years.[13]

The parties modified the Consent Decree in 1991 to extend the protections of the Consent Decree to children placed in kinship care.[14]

Although both decrees ordered specific actions to be taken by Defendants to improve the safety, permanency and well-being of the children in their custody, the decrees did not contain specific targets for compliance with those requirements, and implementation proved difficult. For example, while the original decree required that every child have an initial health screen within five days of entering into foster care, it did not specify how to determine compliance nor what level of compliance, e.g., 100% of children, 90% of children, or some other compliance level, would be considered sufficient.

---

[11] 838 F.2d 118, 122 (4th Cir. 1988).
[12] 488 U.S. 1018 (1989).
[13] 699 F. Supp. at 511. There appears to be a misconception that the original *L.J.* case was just about maltreatment of children in foster care. In their 72nd Report at pp. 2-3, Defendants cite Judge Gallagher at the July 2024 hearing for this proposition. In fact, as indicated above in both the language of the preliminary injunction and the original Consent Decree, the case always was about much more.
[14] 778 F. Supp. 253 (D. Md. 1991).

Over the next decade and a half, Defendants filed the required semi-annual compliance reports. In 2003-2007, a series of Department of Legislative Service audits and other reports confirmed Plaintiffs' concerns about widespread violations of the consent decrees. After nearly two years of failed negotiations, Plaintiffs filed a Motion for Contempt on November 5, 2007, alleging more than 90 violations of the original court orders. The Motion alleged that, based upon data gathered from Maryland Public Information Act requests, the high level of compliance claimed in the recent semi-annual reports was inaccurate. At the September 9, 2008, contempt hearing, the Defendants offered to negotiate a modified consent decree with enforceable compliance and exit standards.

The parties entered into lengthy facilitated negotiations, and a new Modified Consent Decree (MCD), the current one, was approved by the court on October 9, 2009.[15] Unlike the earlier orders, the MCD contains specific outcomes embedded in 40 Exit Standards to be achieved prior to termination of the case. In 2024, more than 16 years after the MCD was entered, Defendants have failed to finalize the required data reports that were promised, and compliance with nearly all of the MCD's requirements remains undetermined.

III. DEFENDANTS' LEADERSHIP AND COMMUNICATION

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 MCD. At the local level in Baltimore City, there is now greater continuity in leadership since the

[15] The road to final approval of the MCD was rocky. After the parties jointly submitted the proposed MCD in June 2009, the Defendants reversed their position and moved to vacate all existing orders and terminate the case. After an October 9, 2009, hearing, the Court denied Defendants' motion and entered the MCD over the objection of the Defendants. Defendants appealed, and the decision by the District Court was affirmed by the Fourth Circuit in 2011. *L.J. v. Wilbon*, 633 F.3d 297 (4th Cir. 2011), cert. denied, *Dallas v. L.J.*, 565 U.S. 1058 (2011). This is the MCD that the parties operate under today.

appointment of BCDSS Director Brandi Stocksdale in November 2020. Director Stockdale has more than 20 years of experience in child welfare at both the local and state levels. Director Stocksdale has recruited strong leaders for BCDSS. The work of BCDSS's Innovations Unit has proved to be an especially important asset. Led by Sheritta Barr-Stanley and with a dedicated team of data analysts and support staff, BCDSS has worked to become a model for data-led practice improvement in Maryland. Given the lack of accurate CJAMS reports, this work has been particularly important. This team is responsible for validating all completed CJAMS reports, a process that ultimately will benefit not just Baltimore City DSS but all jurisdictions across the state because many of the *L.J.* reports can also be used for other reporting requirements beyond *L.J.*

At the state level, DHS Secretary Rafael López, Principal Deputy Secretary Carnita White, and Social Services Administration (SSA) Executive Director Dr. Algernon Studstill, Jr. continue in their roles under the Moore administration. Although Secretary Lopez and Director Studstill were new to Maryland government, Principal Deputy White has had decades of child welfare experience at the state and local (Anne Arundel County) levels. Since taking leadership of DHS in the past two years, these leaders have increased capacity for data management and the program and policy staff, as well as moving the agency towards a Kin First[16] approach for children in out-of-home care.

The MCD requires regular communication between the parties.[17] After ten months in 2023 - 2024 when Defendants did not meet with Plaintiffs, the parties resumed *L.J.* forums in February

[16] In 2024, at Defendants' request, the Maryland General Assembly amended the laws governing placement of children in out-of-home care to strengthen the preference for placement with "kinship caregivers," a term that was broadened to include not just individuals related to the child by blood or marriage but also individuals not related to the child but who have a "strong familial or other significant bond with the child, or is a person identified by the child's parent." Senate Bill 708, amending MD Fam. Law Art. 5-534(a)(2).

[17] See MCD, Part One, Section III. "A. The Parties agree that regular communication between them is critical to the successful resolution of this case and further agree to establish a communication and problem-solving forum for the purpose of addressing issues that arise relating to the Decree. The parties agree to use the Forum in good faith to negotiate resolutions of issues and disputes within the scope of the Forum." "D. In addition to Forum meetings, the

and March 2024. The parties agreed to a communications plan in April 2024, and regular periodic informational meetings between the parties began again in late May 2024. Unfortunately, those meetings ended after the October 2024 forum, for seven months, until, after a written request by Plaintiffs, an informational meeting was held on May 27, 2025. No further such meetings have been scheduled as of the date of this report.

The MCD, at Part One, Section II. D also requires that Defendants:

> . . . provide the Independent Verification Agent with timely and reasonable access to (1) all individuals within the Department of Human Resources ("DHR"), BCDSS, and any successor agencies or divisions as necessary to perform its duties; and (2) all documents, data, and interested persons, within the control of Defendants and/or accessible by Defendants, that the Independent Verification Agent deems relevant to its work (including but not limited to documents and data from contract agencies or partner public agencies).

After several years of good communication and responsiveness to the IVA's requests for information, Defendants did not provide timely the information the IVA needed to respond fully to Defendants' 71st Report.[18] In January 2025, the IVA made another written request to BCDSS to schedule meetings and provide documents needed for the IVA's work.[19] As of the June 16 completion of this report, only one of the three meetings has been scheduled, and only half of the requested documents have been provided. The IVA has no way to obtain this information other than through requests to Defendants. Without the information, the IVA's ability to fulfill all of the functions of the position is hampered.[20]

---

parties agree to hold regular communications about the Decree, compliance issues, violations, and other issues of importance to Plaintiffs."

[18] See IVA's Resp. to Defs.' 71st Report, p. 10.

[19] See Att. 2, a copy of the IVA's January 21, 2025, email to Defendants requesting meetings and documents.

[20] For example, the IVA is unable to validate whether or not Defendants have met their responsibilities under Part Two, Section II.D.1.a(4) of the MCD which requires Defendants to notify Plaintiffs' counsel within ten working days of any child being placed on a waiting list or in temporary placement. On a number of occasions, the IVA has requested a copy of any logs or other documentation by the Child Placement Resource Unit (CPRU) which list the names of children needing new placements. Without such information, the IVA is unable to determine if the weekly "Overstay/Waiting List" contains the names of all children it should include.

On the positive side, both BCDSS Innovations staff and SSA data and program staff have made themselves available at the IVA's request to review report data and to clarify program requirements and to review IVA concerns about certain CJAMS functionality. In order for the MCD to function as intended, continued open and timely communication is essential.

IV. CHILDREN IN DEFENDANTS' CARE

While the IVA is responsible for verifying that Defendants' 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 homes and families. The circumstances of removal may be different for each child, but all have their own strengths and needs, and the plans to ensure their well-being and for exit from the foster care system should be determined by those strengths and needs. In order to be able to serve those children properly, accurate information about each child's strengths and needs must be available. There were 1,407 children in BCDSS foster care as of April 30, 2025.

Children in OHP as of April 30, 2025, by Age and Race[21]

Age Group (# children)	Total Children	Black/ African American	Multi-Racial[22]	White/ Caucasian	Other/ Unknown[23]
0-4 (413)	29.5%	67%	9%	21%	3%
5-12 (413)	29.5%	86%	4%	8%	1%
13-17 (339)	24%	81%	4%	13%	1%
18-20 (242)	17%	84%	1%	12%	2%
All (1,407)	**100%**	**79%**	**5%**	**14%**	**2%**

[21] Foster Care Milestone End of the Month Report, April 30, 2025.
[22] "Multi-racial" includes children for whom more than one race is listed. All but one of these 71 children is listed as both "Black/African American" and "White/Caucasian." The other child is "American Indian" and "Black/African American."
[23] This category includes American Indian (1 child); Asian (1 child); Latino (4 children); Unknown (24 children).

Over-representation of Black children in the foster care system and aging out of foster care is an historical problem both nationally and in Baltimore City.[24] Of the Black and multi-racial children exiting OHP in calendar year 2024, 23% exited by "aging out" - leaving at age 21 without ever having been reunified with their parents or being adopted into or coming under the custody and guardianship of other families. In the same year, of the White children exiting OHP, 15% exited by aging out.[25] Defendants should look at what factors and practices might be contributing to Black children remaining in OHP longer and "aging out" at higher rates than White children.

Almost 80% of children and youth in BCDSS foster care reside in family (relative and non-relative) settings.

Children in OHP as of April 30, 2025, by Placement Type[26]

Placement Type	Percentage of Children in OHP
Family (public foster families, treatment foster homes, non-kin pre-adoptive homes)	40%
Kin (all kin placements plus trial home visits)	38%
Congregate Care	9%
Independent Living	8%
Other (jail, runaway, hotels, offices, hospitals)	5%

Children in foster care in Baltimore City remain in foster care substantially longer than the timeframes set out under federal permanency targets:

[24] See, e.g., Att. 3, Annie E. Casey Foundation, "Assessment Findings and Recommendations, BCDSS" (January 6, 2020), pp. 11, 19.
[25] BCDSS Exits Report (as of 4/30/25), downloaded May 25, 2025.
[26] Foster Care Milestone End of Month Report, April 30, 2025.

Timely Permanency for Children in OHP Between April 1, 2024 - March 31, 2025[27]

Children in foster care for:	Federal Permanency Targets	BCDSS Permanency Rates
Up to 12 months	35.2%	21%
12 to 23 months	43.8%	26%
24+ months	37.3%	31%

For the 1,407 children in OHP on April 30, 2025, the average length of stay was 32 months. For the children who exited OHP in Baltimore City in calendar year 2024, the average length of stay was 41 months. In the calendar year 2024, 97 youth aged out of foster care when they turned 21, without having been reunified with parents or leaving foster care to permanently become part of other families.[28]

The IVA is unable to share other important characteristics and needs of the children in BCDSS foster care due to the unavailability of adequate accurate information and reports about children documented in CJAMS. The IVA's repeated concerns about this issue are supported by the recently released Chapin Hall "Maryland Social Services Administration Placement Needs Assessment" (hereinafter referred to as the "Chapin Hall Report").[29] The IVA had hoped that this report would provide additional information regarding the characteristics and needs of children in foster care. However, the researchers found many of the same problems as the IVA has reported:

[27] Att. 4, Performance on SSA Headline Indicators (Baltimore City) as of March 30, 2025 (Version 5/1/25, CJAMS extract 4/15/25), p. 4.
[28] BCDSS Exits Report as of 4/30/25.
[29] Chapin Hall, "Maryland Social Services Administration Placement Needs Assessment, Final Report," (January 2025). Defs.' 72nd Report, Att. A. Chapin Hall is an independent policy research center focused on providing public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of children, families and communities. Because Defendants did not include the Executive Summary with their 72nd Report, it is included with this IVA report as Att. 1.

missing or inaccurate information in CJAMS regarding placement changes,[30] physical and mental health diagnoses,[31] and identification of pregnant and parenting youth,[32] to name a few.

V. 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. There are 28 Outcomes spread among these five substantive sections. The Outcomes are goal-oriented and cover areas such as 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.[33] Compliance with the Outcomes is measured by a total of 40 Exit Standards. Additionally, there are 59 Internal Success Measures (ISMs) which provide for additional data points agreed to by the parties.[34] Although often referenced by Defendants as primarily "process measures,"[35] the majority of the *L.J.* reporting requirements are, in fact, necessary indicators of a child welfare system's ability to meet the safety, permanency and well-being needs of the children for whom it is responsible.

In order to exit the MCD, Defendants must be certified by the IVA as compliant with all of the Exit Standards for each of the MCD Outcomes for three consecutive reporting periods.

---

[30] Chapin Hall Report, p. 41
[31] Chapin Hall Report, pp. 35, 41, 44.
[32] Chapin Hall Report, pp. 31-34.
[33] See Att. 5, *L.J. v. Massinga* Modified Consent Decree - Outcomes and Exit Standards Only (October 9, 2009).
[34] While the decree includes 86 ISMs, 27 of them are duplicates of Exit Standards without the compliance goals, e.g., Exit Standard 72 requires that "95% of children have a monthly caseworker visit in their residence;" while ISM 71 requires reporting on the "% of children who have monthly caseworker visits in their residence." In this IVA report, where there is both an Exit Standard and ISM with the same requirements, only the Exit Standard is included.
[35] See, e.g., Defs.' 70th Report, p. 4.

Defendants have been certified as compliant for three consecutive reporting periods for three of the forty Exit Standards:

> Measure 121, *95 percent of caseworkers met the qualifications for their position title under Maryland State Law*;
>
> Measure 125, *90 percent of cases were transferred with required documentation within five working days*; and
>
> Measure 126, *90 percent of cases had a case transfer conference within ten days of the transfer.*

The Outcome for Measure 121 cannot be certified until Exit Standard 122 (training) also meets the 90% compliance level and is certified as accurate, reliable and valid for three consecutive reporting periods. Because Exit Standards 125 and 126 comprise the only two Exit Standards for the final Outcome of the MCD, that Outcome can now be and is certified under Part One, Section V. A. of the MCD.[36]

Measure instructions, drafted by Defendants and the IVA, and approved by Plaintiffs, set out what activity is required for each Exit Standard and Internal Success Measure, how that measure will be tracked and documented in order to produce the required compliance data for reporting, and the requirements to calculate the numerical results and compliance levels in the report itself.

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. The measure instructions provide for the reports for approximately one-half of the measures to be drawn from CJAMS; one-fourth of the measures to be drawn from Quality Service Reviews (QSRs); and one-fourth from other

[36] MCD, p. 8.

sources such as Legal Services and Quality Assurance (QA) reports.[37] (These data sources are discussed in greater detail, below.) The parties set a goal of January 1, 2022, for implementation of reporting for all of the measure instructions. That goal is not met more than three years later, primarily due to problems with producing accurate data and reports from CJAMS.

A. Status of *L.J.* Reports

CJAMS is Maryland's human services database system developed by MD THINK under the auspices and supervision of Defendant DHS. Federal law requires that child welfare agencies receiving federal funds have Comprehensive Child Welfare Information Systems (CCWIS) that meet specified criteria.[38] MD THINK has developed or is in the process of developing the MCD-required reports from CJAMS. Defendants remain a significant distance from the goal of producing a full set of reports that can extract accurate, valid and reliable data from CJAMS.

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. Despite four years of intensive work and specific deadlines set more than a year ago for a set of "priority" reports, 70% of the *L.J.* measures continue to be reported by Defendants as "TBD" because (1) they have not yet been fully developed; (2) they have been developed but are not yet accurate; or (3) the process used to obtain the data has been found to be unreliable or invalid.

Defendants have referred to the reporting requirements of *L.J.* as "extremely burdensome,"[39] but the reality is that the reporting that *L.J.* requires, particularly through reports from CJAMS, is no more than Defendants need to be able to meet their basic responsibilities of

[37] 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 these subparts must meet the required compliance levels for certification.
[38] 45 C.F.R. Sections 1355.50 - 1355.58.
[39] Defs.' 72nd Report, p. 3.

safety, permanency and well-being for Maryland's children and families under their supervision and care. Accurate reporting of important data points is a responsibility not a burden.[40]

In March 2024, Defendants and Plaintiffs agreed upon 15 priority measures (14 Exit Standards and one Internal Success Measure) for which they felt data was most urgently needed. The parties recognized that these measures represent critical data points to satisfy not just the requirements of *L.J.* but also federal and state law and policy and to manage the work of providing safety, permanency and well-being for the children in Defendants' care. For the first time since CJAMS was deployed in Baltimore City in 2020, Defendants established a timetable for completion of those CJAMS measures and for some of the revisions of the CJAMS application necessary to complete those reports accurately. The following is the list of *L.J.* measures prioritized for the immediate completion of reports from CJAMS data with their original target completion dates and their current status. ("Completed" means that MD THINK has produced a report which BCDSS Innovations staff have validated as accurate according to the requirements (BRD) for the measure instruction.)

Priority Measures: Original Target Dates and Current Status

MCD #	Measure Focus	*L.J.* Outcome	Original Target Date	Status as of June 16, 2025
9	Placement stability and the convening of Family Team Decision-Making Meetings when placement disruptions occur	Minimize Length of Stay: Provide children and their families the assistance needed to implement permanency plan quickly	4/8/24	Not completed

[40] See 45 C.F.R. 1355.52 for the federal requirements for data quality and reporting capabilities for child welfare data systems (CCWIS). See Fam. Law Art. 5-1300 et seq. for some of the Maryland state law reporting requirements. Although state law requires reporting on many child welfare data points, there are no consequences built into the law for failure to comply.

MCD #	Measure Focus	*L.J.* Outcome	Original Target Date	Status as of June 16, 2025
20	Family Team Decision-Making Meetings at Critical Decision-Making Points	Families Involved in Decision-Making	6/15/24	Not completed
24	Timely case plans	Case Plan that Guides Permanency Plan	6/30/24	Completed June 2025
29a	Timely youth transition plans	Case Plan that Guides Permanency Plan	Not set initially	Completed June 2025
57	Resource homes (both foster and kinship) meet all legal requirements	Placements shall meet all safety, health, sanitation, licensing and other legal requirements	9/30/24	Not completed Report development has not yet begun.
58	Timely approvals and annual reconsiderations of resource homes	Placements shall meet all safety, health, sanitation, licensing and other legal requirements	9/30/24	Not completed Report development began in June 2025.
60	Provision of information to resource homes about the children placed there	Provide caregiver with all available information about child	5/6/24	Not completed
65	Maltreatment by caregivers of children in out-of-home placements	Protect children from maltreatment in child's placement	5/13/24	Completed 11/4/24
72	Monthly caseworker visits	Monthly visits by child caseworker in child's placement	3/22/24	Originally completed 6/6/24 but later found to be inaccurate. Defect corrected 3/27/25.

MCD #	Measure Focus	*L.J.* Outcome	Original Target Date	Status as of June 16, 2025
75	Initial health screens for children entering foster care	Initial Health Screen within 5 working days following entry in OHP	3/22/24	Originally completed in 2023 but later found to be inaccurate. Defect corrected 11/27/24.
82	Comprehensive medical, dental and mental health assessments for children entering foster care	Comprehensive health assessment within 60 days of entry into OHP	Completed prior to setting of priority measures in March 2024	Completed 1/26/24
83	Preventive health care including annual health exams, semi-annual dental exams and medical exams for children 3 and younger according to the EPSDT schedule	Timely periodic EPSDT examinations and all other preventive health exams	7/15/24	Not completed
99	Enrollment of children in school upon entry in foster care and after a change in placements	Enroll and begin attending school immediately after entry into OHP and after any change of placement	7/8/24	Not completed
115	Caseloads for foster care and resource workers	Appropriate caseload ratios	4/16/24	Completed 5/6/25
116	Supervisor to caseworker ratios	Appropriate caseload ratios	5/13/24	Completed corrected report 4/16/25

While many of the required CJAM application revisions were completed within a few months, progress on completion of the development of the reports has been much slower. In part, that is because, to complete the 15 priority reports, a total of 28 separate reports[41] had to be created to capture all necessary data. In addition, the development of some of the reports has had to await decisions on or changes to SSA regulations or policy. Much of the delay seems to be attributable to the difficulties in producing accurate reports for the CJAMS application in the complex "QLIK" reporting system built into CJAMS and its reliance on professional software programmers.

As to the remainder of the CJAMS reports, which were not set as priorities, most, while completed at one time, have been found to have defects or need enhancements to be accurate. Defendants have prohibited MD THINK from working on any of the other *L.J.* CJAMS reports, including the other nine CJAMS reports for Exit Standards that remain "TBD" (3, 4, 36, 48, 70, 79, 88, 93, and 94) even if only small changes need to be made for the report to be accurate and reliable. In so doing, Defendants do not just deny Plaintiffs, the IVA and the Court access to the data, they also deny themselves the opportunity to show measurable improvement in practice and, potentially, compliance or substantial compliance with *L.J.* requirements.

B. Data Sources

1. CJAMS

For the Court to be able to determine if the Defendants have met the requirements of the *L.J.* MCD, Defendants must improve their ability to extract data accurately and efficiently from CJAMS.

[41] The Exit Standard sub-reports are included here inside the parentheses following the Exit Standard: 20 (9, 18, 20A, 20B, 20C, and 20D); 24; 29a; 57 (57A and 57B); 58; 60; 65; 72; 75; 82; 83 (83A, 83B, 83C and 83 Summary); 99 (95, 96 and 99); 115 (115A, 115B-1, and 115B-2); and 116 (116A and 116B).

In developing CJAMS, Maryland chose to create a new system from scratch when there were numerous jurisdictions nationwide which already had functioning child welfare database systems that could have been adapted for Maryland's use.[42] The system has been replete with problems from inception. However, given the money and time spent up to this point, replacing CJAMS does not seem likely. Instead, there is continuous "enhancement" of the system with changes and additions to allow it to meet the data entry and reporting requirements not only of *L.J.*, but also of the federal government, state government, internal auditors and agency self-monitoring.[43]

In order to be able to extract that data:

1. The CJAMS application must have the necessary fields to collect the data and sufficiently straightforward interfaces to permit staff to input the data with a minimum amount of time and expertise.
2. Staff must have the training, supervision and time to input the data accurately.
3. There must be a mechanism to create needed reports without the need to cede all report writing to highly trained individuals who have the ability to write computer code.

[42] The IVA recognizes that at least part of the motivation for Maryland developing its own system was the desire to integrate the child welfare database with those of other child and family-service agencies (including Department of Juvenile Services and Department of Health). That does not diminish the fact that Defendants' choices in CJAMS development have led to many of the problems discussed in this and prior IVA reports. See, e.g., Att. 6, MD Department of Legislative Services, Audit Report, DHS Office of the Secretary and Related Units (February 2025), p. 11, discussing findings of a forensic audit commissioned by DHS in September 2023, to review the MD THINK project, "MD THINK was not developed effectively, leading to issues with overall functionality and the need for ongoing re-work."

[43] Data reporting inaccuracies and the failure to report all required data came to the forefront during the 2025 Maryland General Assembly legislative session, when the media reported on the sharp increase in child fatalities tied to child maltreatment reported to the federal government. In response, DHS acknowledged reporting errors that allegedly had caused the state to report three dozen more maltreatment-related deaths than there were in 2023. The legislature also expressed concern about the failure of DHS to provide mandated data in a number of other areas, including maltreatment-in-care, placement moves, and permanency. See, Att. 7, Baltimore Banner, "Penalties Recommended for Child Welfare Agency over Missing Data on Foster Kids, Deaths." (February 19, 2025).

a. CJAMS User Interface/Application

There have been improvements to the CJAMS application interface over the past five years since implementation, but there is a significant backlog of needed enhancements that extends well into 2026 and most likely beyond. Some of the needed enhancements are technical in nature and apply to the work of only a small number of staff, but many others need changes to large portions of the application which apply to most direct caseworker staff.

An important example is the entire design of the case plan section, which is composed of a social history (input only once at the beginning of the case), and permanency progress, service plan and youth transition plan sections which, by law, must be created within 60 days of the child entering out-of-home placement and then updated every 180 days. Besides documentation of telephone and other communications and in-person visits, creating and updating the case plan and its components is the task that probably occupies most of a caseworker's time in CJAMS. However, the current design of the case and service plans, in particular, does not make planning simple and straightforward and does not capture all of the information needed to actually plan rather than just report on events in the child's life.

Significant changes also must be made to the "provider module," the section of CJAMS for documenting licensing and monitoring caregivers. At this point in time, for example, the CJAMS system permits the approval of a license for a caregiver even if the caseworker has received documentation for convictions for crimes which legally prohibit licensing, status as a convicted sex offender, or having serious criminal charges pending. The system requires only that fields documenting those issues are completed, not that they contain the legally required answer, e.g., that, "no," the individual is not on the sex offender registry. This does not mean, of course, that the agency is licensing sex offenders as licensed foster parents, but it does mean that

supervisors have to review every one of the completed fields to ensure that the "right" answer is given before approving a license. Instead, the system should not permit the completed licensing application to be sent to the supervisor if the legally wrong answer is given. It also means that the agency cannot demonstrate to the IVA, auditors or other monitoring individuals or agencies that its licensed caregivers have met all the necessary legal requirements without the creation of very long, complex and unwieldy reports.

b. CJAMS Data Input

Accurate and complete data input into any database system requires continuous training and close supervision. 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 and children's and family needs. From the IVA's review, many caseworkers only document monthly visits with children and do not document contacts such as those with parents, private placement agencies and caregivers.

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. Because there are multiple documentation needs; because the relationship between the sections of CJAMS are not always clear; and because CJAMS has too many non-mandatory fields, caseworkers need to be trained not only when they begin employment, but also on a regular schedule thereafter. As importantly, supervisors must be accountable for the quality and timeliness of case documentation.[44]

[44] See Chapin Hall Report, p. 112.

Inadequate and inaccurate data input has real consequences in oversight of the system. For example, Exit Standard 65 addresses maltreatment-in-care, defined as an "indicated" or "unsubstantiated" (as opposed to "ruled out") finding of abuse or neglect of a child by a caregiver while the child is in out-of-home care. There continue to be significant discrepancies between the reported data and the actual number of applicable children for whom those findings are made. As discussed in the Measures Certification portion of this report, below, Defendants' Measure 65 report for this reporting period fails to capture five such findings of abuse or neglect and incorrectly includes another. This reduces the level of compliance with the requirements of this Exit Standard from 99.63% to 99.39%. (As a result, unlike Defendants' assertion on p. 10 of their report that performance on this measure is improving and now "within hundredths of a percentage point [of compliance] for the current reporting period," performance actually has fallen to lower than the 70th reporting period (January - June 2023) compliance level of 99.48%.) While this may appear to be a small difference, that difference is in the context of a validated standard set at 99.68% by the federal government[45] for the first two rounds of the federal Child and Family Services Reviews.[46]

The recently released Chapin Hall Report found numerous instances in which the case reviewers' ability to understand what had occurred in children's cases and those children's needs and strengths was hampered by the lack of clear documentation in CJAMS. "Data quality was a

[45] The federal government now uses a different standard to evaluate a system's performance on the issue of maltreatment-in-care. It looks at the number of findings of maltreatment against the number of days children were in OHP during the period in question, rather than the number of children in OHP during the period of time. The outcome still ends up appearing to be relatively small numbers - for the year ending March 31, 2025, Baltimore City was reported as having 13.2 "victimizations in care" per 100,000 days compared to the national standard of less than 9.07 per 100,000 days. Att. 4, BCDSS Headline Indicators, p. 3. Those numbers include maltreatment while a child was in OHP no matter who was the maltreator, including maltreatment in schools, day care, and even by parents during parent-child visits. They also most likely are undercounted for the same reasons as Exit Standard 65.

[46] Child and Family Services Reviews are periodic federal reviews of the functioning of state child welfare systems. See CFSR Information Portal, https://www.cfsrportal.acf.hhs.gov (accessed June 9, 2025).

significant problem encountered during the assessment which impeded the assessment team's and case reviewers' ability to precisely identify child and youth needs and reasons for adverse outcomes such as hospital overstays and stays in hotels and offices."[47] They made the following recommendations:

> - Implement quality assurance protocols, such as secondary reviews and/or closer reviews by supervisors before approving documentation.
> …
> - Reduce or eliminate the use of external tracking forms (e.g., spreadsheets outside of CJAMS) by updating CJAMS to accommodate this information.
> …
> - Routinely track and report to a data quality assurance or CQI team on data quality problems in CJAMS related to placement histories so the data can be corrected and workers and supervisors trained on proper documentation.
> …
> - Provide additional worker and supervisor training on placement planning and needs documentation, emphasizing the critical value of this information to ensure continuity of care across different caregivers and workers, provider understanding of child needs and history, and MDHHS' (sic) ability to understand the placement needs and experiences of children in its custody.

Given the recent reduction in caseloads (see discussion, below), it is time to expect full and accurate documentation.

c. **CJAMS Reporting**

The third necessary element for extracting and reporting accurate and reliable data is the availability of report-writing software that does not require a permanent staff of professional software coders to produce the myriads of reports necessary to administer a large, safe and well-functioning child welfare system. Extracting data from CJAMS for *LJ* through the built-in QLIK reporting system has required a lengthy complex process of coordination between SSA and BCDSS staff and the IVA laying out detailed report requirements ("BRD"), professional developers coding those report requirements using QLIK, and BCDSS Innovations staff and the

[47] Att. 1, Chapin Hall Report, Executive Summary, p. 7.

IVA validating the results of those attempts.[48] Some of the "priority measures" discussed above have been in development since the inception of the report-writing process in 2021. Defendants need to explore other options for long-term reporting needs. In the meantime, they need to deploy the resources necessary to complete accurate, reliable and valid reports within the current system for the relevant *L.J.* measures.

BCDSS' Innovations staff have worked hard with what is accessible to them - primarily Defendants' "milestone" reports - to provide BCDSS supervisors with tools to monitor their caseworkers, including reminding them of dates that required activities are due, such as completing case plans, ensuring timely doctor visits, and conducting reconsiderations of caregiver homes to ensure they still are meeting legal requirements. CJAMS lacks a "tickler system" for each case requirement, although for certain required activities, such as a caseworker's need to upload a child's report card, enhancements have been done to create a notification within CJAMS to the child's caseworker. Until the LJ reports are completed, however, their efforts are limited to what information can be extracted from daily "milestone reports" which provide point-in-time information from a number of CJAMS fields but no historical data.

2. Quality Service Reviews (QSR)

Due to the qualitative nature of the measures, the parties agreed that the data for approximately one-quarter of the *L.J.* reports would be drawn from the QSR process. QSR provides a case-based appraisal of frontline practice created for human services agencies to

[48] There have been a limited number of reports - at least some of those required by the federal government - that have been created from a download of CJAMS data to a third party affiliated with the University of Maryland School of Social Work. In addition, after more than a year in which DHS posted no publicly available reports on the status of the child welfare system, it introduced "dashboards" available on its website that provide point-in-time population-level data on some basic elements of the child welfare system, e.g., child demographics, child placements, and child permanency plans. At this time, the dashboards provide much less data than was available previously. While the latter reports do provide important summary data, they do not address the system performance and outcome requirements of *L.J.*

improve results.[49] 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.[50] The QSR process at BCDSS was developed and implemented first for overall agency practice assessment and improvement, and, later, some portions of the practice were adapted to measure compliance with select *L.J.* measures. See, e.g., IVA Response to Defs.' 56th Report (filed November 29, 2017), pp. 2-12.

In February 2024, the IVA provided BCDSS and Plaintiffs' attorneys with a detailed review of the QSR process at BCDSS.[51] The IVA detailed fundamental problems including lack of fidelity to the original QSR validated model; a significantly extended time to complete a full case review; and a failure to apply the QSR protocol as written.

As a result of these findings, the IVA concluded that BCDSS' QSR process at that time was not a valid or reliable means of measuring compliance with the relevant *L.J.* measures. However, as shared with Defendant BCDSS, this could be remedied through retraining and proper application of the protocol. The IVA also shared that updates could be made to the QSR protocol, instrument and ratings system that would reduce the amount of time spent on each case; better identify practice strengths; and show better progress towards compliance with the MCD (including, as requested by BCDSS, through a possible change in the rating level required for compliance).

[49] The QSR process was developed by the Child Welfare Policy and Practice Group, Quality Service Review Institute, Montgomery, AL and Tallahassee, FL. It was adopted to the needs of BCDSS and implemented in 2104 with a newly created QSR Unit.

[50] The QSR protocol uses a 1-6 rating scale to indicate whether the status or practice indicator in question is at a level ranging from adverse to poor to marginal to fair to good to optimal.

[51] See Att. 8, IVA report on BCDSS QSR, emailed to BCDSS and Plaintiffs' attorneys on February 27, 2024.

Since the most recent IVA report, the QSR unit has continued to work with Florence Racine, former head of New Jersey's statewide QSR program and a trainer for BCDSS QSR staff from 2014 - 2019 and again since 2024. According to Ms. Racine, the process for each QSR review has been returned to the QSR model process which requires the completion of the QSR interviews, write-up and "scoring" within one week's time. In addition, staff has been retrained on appropriate application of the QSR protocol to individual case facts and will continue to be trained as to-be-agreed-upon changes to the QSR protocol are implemented this summer.

The IVA believes that once those changes are implemented and the staff sufficiently trained, Defendants should return to the use of QSR to measure compliance with the qualitative requirements of the MCD or any future decree. Based upon current information, this reasonably could occur by January 1, 2026.

3. Other Data Sources

In the past two years, the IVA has reviewed the measures for which data is being drawn from reports by the BCDSS Legal Services and Innovations Units with that staff. The IVA has requested changes in practices of data-gathering and reporting as necessary. Some of those changes have been implemented, allowing certification of those measures as accurate, reliable and valid. However, as explained in Part VI, below, and on the IVA's Response to the 72nd Report Data Table, Apx. 1 to this report, others of those reports still are not certifiable as accurate, valid and reliable.

C. Defendants' Reliance on Non-MCD-Mandated Reports

In their 70th, 71st and 72nd reports, Defendants have chosen to focus on and share information from two non-*L.J.* reports, explaining that "[b]ecause so many of the *L.J.* measures still do not work, DHS and BCDSS have included … relevant data based on the CFSR [Child and

Family Services Review] case review tool and narrative to demonstrate the work being undertaken in each of the areas covered by the MCD."[52] They also cite data from the SSA Headline Indicators, Baltimore City, showing performance as of June 24, 2024, but do not attach a copy to their report.

These other reports are not the data the Defendants agreed to produce for the MCD and lawsuit exit. They also do not address all of the areas covered by the MCD, and the data selected for the report is only a portion of those reports[53] and omits many of the challenges included in those reports. While almost any data may have value, there are particular concerns about these two sources of data, and this data alone is insufficient for exit from the lawsuit.

IVA Inability to Validate Those Reports as Accurate

The Headline Indicators and CFSR case reviews use data from sources for which the IVA is unable to verify completely the accuracy, validity and reliability. For example, the IVA is without access to detailed descriptions of how the Headline Indicators results were calculated from the data details provided and is without access to the raw data used in the CFSR reviews.

At Least One Headline Indicator Reported is Erroneous

The IVA has reviewed in detail one category of the data from which the most recent Headline Indicators (April 1, 2024 - March 31, 2025)[54] is drawn - placement moves within a child's first 12 months in OHP. That review revealed a significant error which appears to have inflated the number of placements for some individual children and, therefore, Baltimore City's results - 7.64 moves in the first 12 months compared to the federal government standard of 4.68 moves.

[52] Defs. 72nd Report, p. 7. The 2023 CFSR Case Review Tool results are attached to the report as Att. E.
[53] From the Headline Indicators, Defendants cite 3 out of 16 data points: placement stability for children during their first 12 months in OHP; rate of entry into foster care; and permanency. (Defendants' 72nd Report, pp. 4, 8, and 9, respectively.) From the CFSR, they cite 9 out of 18 items. (Defendants' 72nd Report, pp. 7-25).
[54] Att. 4, Headline Indicators, p. 5.

Due to the limited amount of data fields provided with the raw data, it is not possible to determine the actual level of error.

The problem with this report is that the calculation of the number of placements does not account for the fact that a number of entries into the CJAMS application's placement section do not reflect actual changes of placement. Instead, they reflect changes in the *structure* of the placement. This is most often due to the need to enter a new placement record when a child is placed temporarily with an unlicensed (and therefore unpaid) kin who is subsequently licensed (and thereby eligible for payment). Until December 2024, this often would result in three separate placement entries for a placement with a kinship caregiver which actually never changed; since then, there usually are two placement entries for that same caregiver placement. There currently is no field in which the fact that a child has not actually changed placement can be captured in CJAMS.[55] The fact that the placement of children with kin is the most rapidly increasing type of placement compounds the reporting problem. The relevant *L.J.* reports involving placement changes, including Measures 9, 20, 60, 70, 96 and 99, have had to be designed to compare the information entered for each placement to determine whether the entry truly represents a placement change or not. From the data file provided, the Headline Indicators report does not appear to do so.

CFSR Case Reviews' Limited Sample and Other Concerns

Defendants once again cite the 2023 CFSR reviews, which they also had cited in the 71st Report. To collect the data for this report, 26 foster care cases and 11 in-home services cases were

[55] During the prior administration, the IVA recommended to DHS that there be some mechanism added to CJAMS to make clear when entry of a new placement means that the child actually changed caregivers and when the entry is being made for some other reason. For example, when a caseworker enters a new placement, the system could require entry of "yes" or "no," to the question "Is the child changing caregivers?"

reviewed.[56] However, not every data item in the review is relevant to every case reviewed, meaning that for some of the items reported, the sample is even smaller. 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. SSA considers the case review findings and observations, nonetheless, to be reflective of practice that exists in the local department and a basis for further exploring strengths and areas needing improvement."[57] While they might be an important source for further exploration, the CFSR case reviews do not substitute for the compliance reporting value of the QSR.

For measuring compliance with the MCD, there are important differences between QSR and CFSR.

- While the QSR process used to report on select *L.J.* measures also involves a sample, that sample is more than twice as large: 60 foster care cases are reviewed annually.
- CFSR describes each review as drawing equally from information in the file and the interviews. QSR relies primarily on the interviews. This is a critical difference given the limitations in CJAMS documentation discussed earlier.
- CFSR seeks to interview the child, parents, foster parents and caseworkers; there may be "occasions" where service providers or other professionals are interviewed. It is the expectation in BCDSS QSR cases that the reviewers will seek to interview service providers and other professionals, including therapists, school personnel, treatment foster care social workers, attorneys and others.
- CFSR requires the item ratings to consider up to 15 months of information about the case. QSR focuses on the current status of the child and the last six months of case practice.
- Unlike the QSR, which uses a nuanced six-point rating scale, CFSR requires only a determination of whether an item is a "strength" or an "area needing improvement." Those designations are insufficient for the purpose of determining compliance with an MCD Exit Standard which requires that a specific percentage of children's cases are compliant with the MCD requirement.

[56] Defs.' 72nd Report, Attachment E, 2023 CFSR Report, p. 5.
[57] 2023 CFSR Report, p. 5.

Defendants also make the claim that "CFSR data is relevant and referenced in this report because it reflects the robust level of oversight by the federal government."[58] However, there are number of factors which raise questions as to this assertion:

- Maryland's first three CFSR were in 2004, 2009, and 2018, seven years ago. Its next review is scheduled to begin in October 2025.[59]
- When the federal reviews occur, they are of the entire state, not just Baltimore City.
- Because Maryland has chosen the option of state-led case reviews, oversight of the individual case reviews is the responsibility of the state, not the federal government.
- After the review, if the state is found not to be in "substantial conformity" with any of the seven safety, permanency or well-being outcomes or seven systemic factors, a state is subject to a financial penalty for each instance of non-conformity. However, any penalty is suspended pending the completion of a Program Improvement Plan (PIP) approved by the Children's Bureau. Despite the fact that for each of the three CFSR review rounds thus far (2004, 2008, and 2018), Maryland has not achieved substantial conformity with any of the seven outcomes and or five of the seven systemic factors, the IVA has found no evidence that Maryland has ever incurred a financial penalty.[60]

D. Compliance Plans/Strategies for Improvement

Without baseline accurate, valid, and reliable data, it is difficult to know how much progress is being made in improving performance with MCD outcomes. However, even without a full set of data on MCD measures, Defendants know where challenges exist and have acknowledged 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 and set goals for progress in important outcome areas.

---

[58] Defs.' Rep., p. 7.

[59] CFSR Information Portal, https://www.cfsrportal.acf.hhs.gov/cfsr-logistics (scheduling) and https://www.cfsrportal.acf.hhs.gov/cfsr-reports?field_rpt_type_value=All&field_rpt_category_value=All&title%5B%5D=Maryland (prior reports and program improvement plans) (accessed June 9, 2025).

[60] 45 CFR 1355.34 - 36. Maryland's first and second round reports can be found at https://acf.gov/cb/monitoring/child-family-services-reviews/rounds1-2#MD_25684. Maryland's third round report can be found at https://acf.gov/sites/default/files/documents/cb/md-cfsr-r3-final.pdf. (Both sites accessed June 15, 2025).

In prior reports, Defendants have responded with "Strategies for Improvement," which vary in quality, but, as a whole, lack sequential activities, timelines, and progress percentage goals (e.g., "increase compliance by 10 percentage periods in next reporting period"). On September 30, 2024, the IVA requested additional information from the Defendants regarding these strategies for improvement, such as the outcome of Permanency Roundtables; results of targeted recruitment for foster homes for teenagers, LGBTQI+ youth, and Spanish speaking youth; and outcomes of specialized training for some foster parents.[61] In response, Defendants reported on November 20, 2024, that "[t]here is no report to provide."[62]

In the 72nd Report, Defendants no longer include "Strategies for Improvement" although they do address certain actions they have taken or intend to take to improve some areas of concern, including mental health, kinship care, placements, mental health and workforce. There are no goals attached to those discussions.

VI. CRITICAL CHILD WELFARE POLICY AND PRACTICE ISSUES FOR SAFETY, PERMANENCY AND WELL-BEING

A. Caseloads

Reasonable caseloads are essential to both the provision of services to ensure safety, permanency and well-being, and to documenting those services in CJAMS. Under the MCD, OHP caseworkers may not have caseloads larger than 12 children.[63]

[61] Att. 9, VA Document and Data Request, emailed to Defendant BCDSS on September 30, 2024.
[62] Att. 10, Defs' Response to IVA Document and Data Request, received on November 20, 2024.
[63] Under the MCD, Part Two, section V.D.1, caseloads are required to be "15 children (or any lower ratio required by Maryland state law)." In 2006, pursuant to state law, the Child Welfare League of America (CWLA) performed a study to develop a methodology for calculation of child welfare case-to-worker ratios. See Att. 11, DHR [now DHS] Letter to Gen. Assembly with CWLA Study (October 2006).CWLA determined that, for Maryland, 12 children per one foster care worker was a more appropriate caseload than 15 children due to the administrative demands placed upon the caseworkers in addition to their responsibilities to the children and families in their caseloads. To the IVA's knowledge, worker administrative demands have not been reassessed since implementation of CJAMS.

Over the past two years, BCDSS has steadily increased the percentage of caseworkers meeting the 12 children per OHP worker caseload level - from 13% at the end of 2023 to 42% as of the end of April 2025.[64]

Caseload Data as of:	3 - 12 children	13 - 15 children	16 - 24 children
December 31, 2023	13%	14%	73%
June 30, 2024	27%	13%	60%
December 31, 2024	44%	20%	36%
April 30, 2025	42%	28%	30%

Focused recruitment, streamlined hiring processes and retention efforts need to continue, even as improvements have been made. 58% of caseworkers having 13 - 20 cases still results in 70% of the children and youth in OHP having caseworkers with caseloads above the prescribed level. Furthermore, staff turnover 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. Between January 1 - December 31, 2024, not including transfers to and from family preservation or for adoption and guardianship purposes, at least 550 children in OHP were transferred to new caseworkers; 100 children were transferred to new caseworkers twice; 14 children were transferred 3 times; and 3 children were transferred 4 times[65] Not only are the high 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.

[64] Caseload data for 2023 calculated from Foster Care Milestone Reports; caseload data for 2024 and 2025 from *L.J.* Measure 115A monthly reports, downloaded 5/16/25.
[65] Defendants' Case Transfers Reports for January – June 2024 and July - December 2024, downloaded 6/10/25.

B. Placement Needs and Challenges

During the 72nd, 73rd, and well into the 74th reporting periods, the lack of an adequate supply and continuum of placements for children and youth, particularly those with complex mental health and medical needs, continued to result in children and youth staying in unapproved placements, a violation of the MCD. Some children spend the night (or multiple nights) in BCDSS offices or hotels when placements cannot be found for them. Other children are placed on waiting lists for weeks and sometimes months to obtain an appropriate placement. Some remain in hospitals, diagnostic facilities or residential treatment centers (RTC) long after they are ready for discharge.

The MCD requires the Defendants to complete an assessment of the range of placement and placement supports required to meet the needs of children in OHP.[66] The Chapin Hall Report attached to Defendants' Report provides further data and insight into the ongoing placement challenges experienced by children in BCDSS out-of-home placement and across the state.

In Baltimore City specifically, evidence of these ongoing problems is contained in the weekly Overstay/Waitlists, daily Children in the Building Reports (CITB), formerly "Extended Hours" or "Gay Street" reports, and daily Hotel Reports as well as in some of the runaway and critical incident reports.

Overstay/Waitlists

The MCD requires Plaintiffs' counsel to be notified within ten working days of any child being placed on a waiting list or in temporary placement.[67] These notifications are compiled into

[66] MCD, Part Two, OHP, Additional Commitment 1. The inclusion of information in this IVA report from the Chapin Hall Report is not a certification of Defendants' compliance with this Additional Commitment.
[67] MCD Part Two, Section II. Out-of-Home Placement, D. 1. a. (4)

a single document and sent to Plaintiffs' counsel and the IVA on the last business day of each week.

A sampling of the weekly Overstay/Waitlists reports from the past six months includes the following:

Date	# on hospital Overstay (beyond medical need)	# on waiting lists (for new placements)	Notes
12/27/24	6	16	11 y.o. on hospital overstay 9 weeks before placement
1/31/25	5	14	14 y.o. on hospital overstay 18 weeks before placement
2/28/25	4	12	11 y.o. on hospital overstay 13 weeks before placement
3/28/25	5	10	14 y.o. on hospital overstay 16 weeks before placement
4/25/25	2	9	15 y.o. on hospital overstay 12 weeks before placement
5/30/25	6	11	3 y.o. appears on hospital overstay report; 12 y.o. still on hospital overstay after 8 weeks

As noted in the chart, many of these youth remain on the Overstay/Waitlist for weeks and months.

While the IVA is provided with the weekly Overstay/Waitlist for children in Baltimore City only, the Chapin Hall report reviewed data provided by SSA for statewide hospital overstays.[68] The report found:

> The analysis of hospital overstays highlights significant challenges in securing appropriate and timely placement for these children when they are ready for

[68] Overstays are defined in the Chapin Hall Report as children "whose actual length of stay in the hospital (Date of Discharge minus Date of Admission) exceeded their expected length of stay by 10 or more days." (p. 45). The IVA does not know whether other Maryland jurisdictions maintain waitlists for placement as the Defendants are required to do in *L.J.*

> discharge. . . .These overstays reflect difficulties in transitioning children from hospital settings to a suitable placement, particularly for those with significant behavioral or psychological health issues who were admitted for psychiatric reasons.[69]

The IVA's review of cases in Baltimore City aligns with the report's conclusion. Placement changes and instability are a particular challenge for youth who have complex mental and behavioral health needs. The trauma experienced by foster youth is often complex. Hospital overstay cases include some of the most challenging youth, some of whom will likely experience periods of stability and improvement punctuated by periods of crisis. The Defendants must be prepared to meet the needs of these children despite these challenges.

Placement options should not be limited to institutional and congregate care placements but also include family settings when appropriate. Defendants should work to recruit and train kin and foster families who understand the complex needs of youth in foster care, particularly teenagers, and ensure that the necessary community-based services are available to support these caregivers and stabilize youth. Long overdue rate reform for treatment foster care providers and concomitant increases in payment rates for kinship and public foster care providers may help in the effort to recruit new foster parents. See Rate Reform discussion below.

Hospital overstays are not only harmful to children's well-being, but they can also be dangerous, as seen in the case of one child in Defendants' care.

> *DD is a 14-year-old child. He entered foster care for the first time in 2010 due to neglect and maternal drug abuse. He was placed in the care of his paternal aunt who was granted custody and guardianship in 2012. In 2015, when he was five years old, DD re-entered care due to abuse by his father. DD suffered injuries - a broken clavicle, subdural hematoma, multiple broken ribs - so severe that he required hospitalization during which he also had seizures and a stroke. He returned to the care of his aunt until he was hospitalized in September 2024 and returned to out-of-home care again in October 2024 due to his aunt being unable to meet his needs, including ongoing care for his traumatic brain injury.*

[69] Chapin Hall Report, p.57.

After a short stay in a group home, DD returned to the hospital Emergency Department in mid-November. DD appeared on the weekly Hospital Overstay lists beginning November 11, 2024, but was removed from the list on December 12, 2024. However, DD did not leave the hospital but rather remained there in the emergency department while a search for a psychiatric hospital bed began. During December and January, he was given intramuscular injections of psychotropic medications in response to his behavior and physically restrained to his bed by his arms and legs at least three times. One contact note in CJAMS indicated that the caseworker had arrived at the hospital to find DD asleep and restrained to his bed.

On January 31, 2025, the IVA received a Critical Incident Report that DD had been outside his room in the ED Pod when another patient who was waiting for a psychiatric bed, unprovoked, injured DD by kicking him in his left eye, requiring medical attention. At this point, DD had spent more than two months in the hospital ED where he was kicked in the head by another patient, physically and medically restrained, and denied educational services and social activities.

The risk of physical harm to children in hospital overstays is not the only possible harm done to children during a hospital overstay. The disruption to a child's educational and therapeutic services, as well as the lack of recreational and social activities, further harms a child's well-being. The hospital environment - often loud, bright, and at times chaotic - particularly in an emergency department, can further traumatize an already traumatized child. It should come as no surprise that children in hospital overstays report being lonely, angry, frustrated, scared, and bored.

Children in the Building

Children in Defendants' care continue to spend multiple nights in BCDSS' office buildings rather than in homes and other licensed settings in violation of the MCD. This chart demonstrates that the frequency of the practice increased in 2023 and throughout 2024 before starting to decrease in 2025.[70]

[70] This chart is compiled from daily "Child in the Building" reports listing the children who spent four or more hours in an office building overnight, and the BCDSS Extended Hours Archive.

Report Period	# Youth staying in office building	Total nights those youth spent in office building	# Youth staying more than 3 nights in office building in the reporting period
Jan - June 2023	21 youth	45 nights	2 youth
July - Dec 2023	51 youth	205 nights	11 youth
Jan - June 2024	61 youth	233 nights	18 youth
July - Dec 2024	69 youth	314 nights	22 youth
January - May 20, 2025	41 youth	176 nights	11 youth

The Chapin Hall Report also reviewed office stays in Baltimore City in their report. In order to look at a full year of data at the time of their review, Chapin Hall reviewed children with office stays in SFY2023, for data on age, gender, race and ethnicity. Most children were aged 14-17 (53%), female (53%), and Black or African American (89%).[71] A significant portion of the children with office stays had multiple prior foster care episodes.[72] However, the researchers noted that the data provided to them for analysis was limited due to numerous errors in spelling of children's names and dates of birth, and data quality problems with placement dates. The Chapin Hall Report concluded that youth aged 14-17 are "disproportionately represented in office stays, which suggests underlying issues in the availability of foster care placements for older youth."[73] The report went on to state:

> A significant portion of children who had office stays were removed from home on the same day their office stay began, indicating a lack of immediate, appropriate placement options. Additionally, many of these children have experienced multiple prior foster care episodes and numerous moves within their current episode, reflecting a high degree of instability and ongoing placement challenges.[74]

[71] Chapin Hall Report, p. 70.
[72] Chapin Hall Report, p. 73.
[73] Chapin Hall Report, p. 75.
[74] Chapin Hall Report, p. 76.

This aligns with the IVA's review and logging of hundreds of "Children in the Building" (CITB) reports provided to the IVA and Plaintiffs' attorneys by the Defendants. The CITB reports frequently include a list of prior placements and statements regarding the difficulties in obtaining placements for these children. Examples of the descriptions of placement challenges in the CITB reports follow:

- "Multiple attempts have been made to secure a placement for the youth. Many providers have expressed hesitation due to the youth's history of AWOL, aggression, and disregard for structured environments. Currently, there is limited availability among TFC providers and group homes, and few caregivers are willing to accept teenagers. Additionally, some providers are unable or unwilling to accommodate placement requests outside of standard business hours. At this time, there are no regular foster homes available for either overnight or long-term placement."[75]

- "Multiple attempts have been made to secure a placement for [youth]. Many TFC providers and group homes currently lack availability or have no caregivers willing to accept teenage males. Providers are particularly hesitant to accept individuals with a history of aggression, and assaultive behaviors."[76]

- "Multiple attempts have been made to secure a placement for [youth]. Many providers are particularly hesitant due to limited information known about the youth. TFC providers currently lack availability or are unwilling to accept placement requests after traditional business hours. There were no regular foster homes available for overnight or long-term placement."[77]

These are just three examples of the many statements made regarding placement challenges for children with more complex needs. Cumulatively, these and the many other statements made in CITB reports reveal a system lacking adequate placements, particularly for children who enter

[75] CITB report, received by IVA on May 28, 2025. The identical language was included for two youth in the building on that day, both 17-year-old Black females.
[76] CITB report, received by IVA on May 15, 2025, for a 14-year-old Black male. Nothing in the report indicated that the youth had assaulted anyone.
[77] CITB report, received by IVA on April 8, 2025, for a 12-year-old Black female. While this youth was re-entering foster care, she and her family had prior history with BCDSS and an open case just four months prior to re-entry.

care emergently, high needs youth, teenagers, and older youth. Yet teenagers and older youth comprise 41% of the current Baltimore City foster care population.

Hotels

Hotels also are not approved placements, and, yet, during the 72nd and 73rd reporting periods, the use of hotels to house children continued, 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.[78] This chart[79] summarizes hotel usage from January 2023 to mid-May 2025:

Report Period	# Youth staying in hotels	Total nights those youth stayed in hotels	# Youth staying more than 30 nights in hotels in reporting period
Jan – June 2023	14 youth	341 nights	5 youth
July – Dec 2023	23 youth	688 nights	11 youth
Jan - June 2024	31 youth	1,691 nights	17 youth
July - December 2024	19 youth	687 nights	7 youth
January - May 12, 2025	2 youth	141 nights	1 youth

As of the drafting of this report, the use of hotels by BCDSS has declined significantly. Following the motions hearing before this court in July 2024, Defendants began moving youth from hotels into various other types of placements. The last youth to be placed at a hotel in Baltimore City was moved to a group home on May 9, 2025, after living in a hotel since January

[78] See Att. 12, Baltimore Sun, "Housing Maryland foster children in hotels: 'unsafe situations for everyone'" (November 3, 2024).
[79] IVA compilation of "Youth in Hotel Daily Reports."

8, 2024, more than one year and 4 months. Unfortunately, several of the youth who previously resided in hotels have now been ejected (some more than once) from their post-hotel placements, are on runaway, or have spent nights in the BCDSS Extended Hours office.

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 are in their care, including providing appropriate placements and shorter 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. Some youth have rejected offered placements; working with those youth to understand what the youth feel they need to be able to accept agency assistance is part of the difficult but necessary work to meet the needs of these youth.

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 and remaining in foster care the longest. As stated in the Chapin Hall Report, "there is an urgent need to develop placement options for children in foster care, particularly those who are older, have complex needs, or have experienced significant placement instability."[80]

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

[80] Chapin Hall Report, p. 69

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.[81]

The Chapin Hall Report includes 24 recommendations across key findings of the assessment that would benefit children in foster care across Maryland including children in Baltimore City.[82] Defendants have compiled these recommendations into a document titled "Chapin Placement Assessment Recs and DHS Planned Actions" (February 2025). (This document is included with the Defendants' 72nd report as Attachment B.) DHS has planned actions, targeted completion dates and targeted implementation dates for 3 of the 24 recommendations. The remaining are "TBD."

60th Report Cohort Update

The IVA's Response to the 60th Report (January 1 - June 30, 2018),[83] included 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. (Referred to hereafter as "60th Report cohort"). There were updates for the 60th Report cohort in the IVA's 66th, 70th and 71st reports, finding that a majority of the youth remained in

[81] 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 25.1% between 2019 to 2025 (usinflationcalculator.com, accessed 4/29/25), 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 has occurred. Defendants recently have indicated that an increase in those rates will not occur until rate reform is implemented for TFCs.

[82] Chapin Hall Report, pp. 112-116. Additional recommendations based on the qualitative portion of the assessment are included in the Chapin Hall Report, Appendices I and J.

[83] See Att. 13, IVA Certification Report for Defendants' 60th Report (filed June 25, 2019), pp. 16-24.

foster care and many continued to experience placement instability. 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 previous review of court petitions indicated that these children entered care due to a multitude of reasons: parental substance abuse; untreated parental mental health issues; physical abuse; abandonment; and unstable housing. Rarely was the reason for entry into foster care a parent's inability to manage the behavior of their child.

In the IVA's 71st Report, a snapshot view conducted on October 15, 2024, found 21 of these children remained in foster care after five years. A subsequent review of this cohort of children conducted on May 15, 2025 found that 22 of 36 children in the original 60th Report cohort remain in out-of-home placement.[84] These 22 children are in the following placements: 5 are in congregate care (group homes, therapeutic groups home and residential treatment centers), 4 are in regular/therapeutic foster homes, 3 are in corrections/detention centers, 4 are in kinship placements, and 2 are on runaway. The remaining 4 are each in one of the following: a trial home visit, a DSS Extended Hours building awaiting placement, a deceased parent's home on his own and the home of a parent under an Order of Protective Supervision.[85] All of these children have been in foster care for at least five years. One youth has been in foster care for more than ten years.

Many of the 60th Report cohort children continue to experience placement instability, appearing on the Overstay/Waitlist, runaway notices, and Children in the Building reports. Of the four kin placements, one is unstable and another is temporary, pending DSS identifying a new

[84] One additional child from the 60th report cohort returned to foster care within a year of being reunified by BCDSS with her mother in a different Maryland jurisdiction.

[85] This child is included in the count of children still in care because her placement with her parent is unstable and requires on-going monitoring and safety planning with Family Preservation. Update: The IVA was notified via an Extended Hours report that this youth re-entered OHP due to safety issues on May 28, 2025.

placement. Some of the youth have stabilized but remain in congregate care placements, have not achieved permanency, and have no potential permanent resource available.

C. Kinship Care

Multiple past IVA reports have addressed in detail the importance of kinship placements and encouraged Defendants' strengthened efforts to increase the percentage of children and youth in kinship care. 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.

Defendants have provided detailed updates in their 72nd Report on the actions they have taken to increase placement rates with kin, the licensing of kin and additional supports for kin caregivers. BCDSS has set a goal to place 50% of all children in foster care with kin and to have 90% of those kin licensed (and therefore receiving financial support comparable to non-relative foster parents). There is still work to be done to reach 50% placement with kin. As of the end of April 2025, 38% of all children in Baltimore City OHP were placed with kin.[86]

BCDSS has made a more significant increase in the percentage of kin caregivers who are licensed and, therefore, receiving foster care funding – from 69% at the end of December 2024 to 88% at the end of April 2025.[87] This increase can be attributed to increased efforts by BCDSSS since the fall of 2023 to license as many kin caregivers as legally possible, and the December 2024 implementation of new regulations which reduce the requirements for kin licensing to much more limited requirements than for non-kin foster parents. While there still must be criminal and child abuse background checks, home health assessment by caseworkers, and caseworker assessment of

[86] BCDSS Foster Care Milestone End of the Month Report, April 30, 2025.
[87] See Att. 14, BCDSS April 2025 Child Welfare Trends Report (revised by BCDSS June 11, 2025).

the kin caregiver for suitability of placement, no longer are foster parent training, health department and fire department visits or many other non-relative foster parent licensing standards required.

In their 72nd report, Defendants state that nearly 60% of children who enter care are initially placed with kin. This is an important step in reducing trauma for children entering foster care. Even brief stays in foster care can be traumatizing to children, and placement with kin rather than "stranger care" can ease the impacts of this experience. However, as important as the rate of kin placement is, Defendants must track the stability of these kin placements and whether they lead to shorter lengths of stay in foster care and permanency upon exit from foster care. Children should not just be placed with kin but also stay safely with kin - for their foster care stay if reunification is the plan or, if reunification is not possible, permanently. For placement stability and permanency with kin, there must be caseworker and other supports for kin caregivers available on a timely basis.

It is critical that Defendants track the data in real time and respond quickly if the kin placements are in danger of disruption. The Defendants must be prepared to make timely necessary adjustments and remove identified barriers in order for their goals to be reached. One barrier that should be addressed as soon as possible is the current rate of pay for licensed kinship caregivers. Under the recent changes in the law and regulations, kinship caregivers receive the same payment rate as licensed public foster homes. This rate is insufficient, as there has not been an increase in the public foster care board rate since FY2019 when there was a 1% rate increase. Yet, the cumulative rate of inflation has been 25.1% between 2019 to 2025.[88] According to Defendants, any increase in kinship/foster home rates is tied to future board rate increases for

[88] usinflationcalculator.com, accessed 4/29/25

contract treatment foster homes. As discussed below, the timing for those rate increases has not been fixed, possibly to occur in state fiscal year 2026 (July 1, 2025 - June 30, 2026).

D. Rate Reform

The process of rate reform, currently known as the Maryland Children's Quality Service Reform Initiative (QSRI), began in 2013, when the Interagency Rates Committee recommended that the State develop a new rate structure for children in residential child care (RCC). This recommendation was a result of an evaluation by the Maryland Interagency Rates Committee finding:

> Maryland's current system for determining rates "doesn't allow for innovation or collaboration; is tied to licensing category instead of services; lacks performance incentives"; disregards location and the challenges of providing care in urban or rural settings; does not allow for the purchase of individual services to meet the child's identified needs; and does not align with the state's budget timeline.[89]

The rate reform effort now includes proposed increased Child Placement Agency (CPA) rates for treatment foster care homes, independent living providers and "mother/baby" placements as well as a proposed Medicaid State Plan Amendment to use Medicaid funds to pay for behavioral health services in contractual placements such as group homes.[90]

Unfortunately, the development and implementation of a new rate structure has been long-delayed. It was not until October 2024 that rate reform was implemented *for residential facilities only.* Defendants recently reported to the Plaintiffs and IVA that there is no set date for implementation of rate restructuring for CPA providers. As a result, problems with rates and

[89] The Institute for Innovation & Implementation, University of Maryland School of Social Work, "Maryland's Children's Quality Service Reform Initiative, Vision Document," Winter 2021, https://www.academia.edu /94345402/Vision_Document_Marylands_Childrens_Quality_Service_Reform_Initiative (accessed June 16, 2025), p. 3, quoting Maryland Interagency Rates Committee. (2013). 2013 Joint Chairmen's Report-Interagency Rates Committee, http://dlslibrary.state.md.us/publications/JCR/2013/2013_86.pdf.

[90] More information regarding rate reform: Answers to Frequently Asked Questions (FAQ) about the Maryland Children's Quality Service Reform Initiative (QSRI), updated January 8, 2024, https://marylandpublicschools. org/programs/Documents/Special-Ed/IRC/FAQ-Maryland-Childrens-Quality-Service-Reform-A.pdf (accessed June 16, 2025).

service provision identified more than a decade ago continue to go unresolved. Despite this essential element of system improvement, the Defendants do not address the issue in their 72nd report. Given the connection between placement and service needs, Defendants should include updates on the status of rate restructuring in their reports to this Court. While Defendants have provided some updates on their plans to develop new congregate care placements for children with high intensity needs, these children ultimately should be stepped down from congregate care placements to family or independent living settings. Therefore, it is essential that the work related to rate reform for CPA providers be reported and, most importantly, completed as soon as possible.

E. Health

Defendants' continuing poor performance in providing timely health care services to the children in OHP is an area of significant concern. Defendants contract with HCAM (Health Care Management) for the MATCH (Make All the Children Healthy) program, which is tasked with management of the health care needs of the children in OHP. BCDSS retains the ultimate responsibility for the child's attendance at health appointments and receiving all necessary care.

Quantitative Data: Timeliness of Required Examinations

The required health care examinations for children in OHP in Baltimore City are the same as the requirements for children in OHP statewide based upon state regulations:[91] an initial health screening immediately after the child enters OHP; comprehensive medical examinations within 60 days of entering OHP;[92] and periodic medical examinations according to the requirements of

[91] COMAR .07.02.11.08.

[92] While *L.J.* requires all of the comprehensive exams (medical, dental, and mental health) be completed in the first 60 days in OHP, Maryland policy allows for 90 days after entry into OHP (or the child turning age 1, whichever is later) for an initial dental exam. A mental health assessment is not required, although a referral to appropriate mental health resources is required if the child's mental health warrants it. See SSA/CW #22-09, Health Care Services Oversight and Monitoring (August 30, 2022), p. 7. Defendants' Child Welfare Policies can be found on the DHS public website at https://dhs.maryland.gov/ business-center/documents/child-policy-directives (accessed June 16, 2025).

Maryland's Early Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines[93] along with periodic dental examinations.[94] The IVA has determined that while not yet completely validated as accurate, the CJAMS reports for some of these requirements are sufficiently reliable and valid to provide their results here.

First, over the last four reporting periods beginning January 2023, BCDSS has not met but has stayed within a few percentage points of meeting the *L.J.* Exit Standard 95% requirements for Initial Health Screening (*L.J.* Exit Standard 75).[95]

However, other required exams have not come close to meeting state requirements or *L.J.* Exit Standard 90% compliance levels.[96]

Comprehensive Health Examinations

All children in Maryland are required to have comprehensive medical examinations within the first 60 days of entering OHP and comprehensive dental examinations within the first 90 days. *L.J.* Exit Standard 82 requires that children entering OHP in Baltimore City have comprehensive medical, dental and mental health examinations in the first 60 days. During the 72nd reporting period, the compliance level for those examinations was 57%. While it rose to 68% for July - December 2024, that is still well below the required 90% compliance level for comprehensive examinations requirements:[97]

[93] Att. 15, Maryland Health Kids Preventive Health Schedule (January 1, 2024) (downloaded from MD Department of Health website). "The Schedule reflects the minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age."
[94] Att. 16, American Association of Pediatric Dentistry, Recommended Dental Periodicity Schedule 2022, downloaded from https://www.aapd.org/globalassets/media/policies_guidelines/bp_chart.pdf (accessed June 16, 2025).
[95] *L.J.* CJAMS Reports, Measure 75, downloaded June 7, 2025.
[96] There is a small discrepancy in the percentages reported for these time periods between the IVA's Response to the 71st Report and this Response. That discrepancy is due to the fact that the same report was downloaded on different days, and corrections likely were made in the intervening time to the data entered into CJAM or to the reports themselves.
[97] *L.J.* CJAMS Reports, Measure 82, downloaded June 7, 2025.

***L.J.* Exit Standard 82 (Comprehensive Exams at 60 days)**

Report Period	Timely Comprehensive Exams
January - June 2023	67%
July - December 2023	62%
January - June 2024	57%
July - December 2024	68%

Annual Health Examinations

All children in Maryland are required to have annual medical examinations. Less than one-quarter of children have been receiving a timely annual examination, defined as a comprehensive examination within 13 months of the prior annual examination. The *L.J.* measure instructions and report (and DHS guidelines) allow an extra 30 days for annual and dental exams to account for unexpected delays. Even with this leeway allowed, of the 937 children eligible for an annual examination on April 30, 2025, 555 (60%) were overdue.[98]

***L.J.* Exit Standard 83A (Annual Health Exams)[99]**

Report Period	Timely Annual Health Exam
January - June 2023	13%
July - December 2023	24%
January - June 2024	22%
July - December 2024	19%

[98] Foster Care Milestone End of the Month Report, April 30, 2025.
[99] *L.J.* CJAMS Reports, Measures 83A, downloaded June 7, 2025.

Semi-Annual Dental Examinations

All children in Maryland are required to have semi-annual dental examinations. Over the past two years, less than 15% of children have received a semi-annual dental exam within seven months of the prior dental exam. (As with annual exams, an additional month is allowed to account for unavoidable delays.) Because BCDSS staff has not yet validated *L.J.* Exit Standard 83B as accurate, that data will not be presented here. The Foster Care Milestone Report showed that 851 (64%) of the 1,151 children eligible for semi-annual dental examinations on April 30, 2025, were "overdue." [100]

EPSDT Examinations for Children 3 Years and Younger

Children aged 3 years old and younger require physical examinations more frequently than once a year in order to ensure their proper development, their receipt of all necessary vaccinations, and early detection of any health problems. The importance of young children receiving these periodic examinations on the required schedule raises special concern about these compliance rates remaining below 50% over the past two years.

***L.J.* Exit Standard 83C (EPSDT Exams for Children Under 3)** [101]

Report Period	Timely EPSDT Exams
January - June 2023	47%
July - December 2023	43%
January - June 2024	40%
July - December 2024	47%

[100] Foster Care Milestone End of the Month Report, April 30, 2025.
[101] *L.J.* CJAMS Reports, Measure 83C, downloaded June 16, 2025.
.

In discussions about the continuing low compliance levels with the timely medical and dental exam requirements, MATCH points in part to the difficulty in getting medical records timely from the medical providers. It is likely that at least some of the low compliance numbers are attributable to that problem, but the IVA has received no information on how many. In addition, it is the responsibility of MATCH to ensure that routine appointments are scheduled, but ultimately it is the responsibility of the BCDSS caseworkers to ensure that children are attending their appointments. This issue has been a regular topic of discussion at meetings with BCDSS and MATCH, including the quarterly Health Advisory Council meetings, throughout the life of the MCD. It is critical that BCDSS and MATCH determine the reasons for so many children not receiving timely medical and dental care and work to remedy or remove the identified barriers (including obtaining timely documentation from providers).

Qualitative Review of Health Services

Five of the *L.J.* health measure instructions - Exit Standards 79, 82, 83, 88 and 94 - require qualitative review by an independent health care management expert. The MATCH program is charged with the hiring of that expert. Besides assisting BCDSS and MATCH with feedback on the quality of health care management services, the qualitative review is designed to assist the IVA in ensuring that the qualitative as well as quantitative requirements of the MCD are met.

Over the past two years, the IVA has worked closely with BCDSS, MATCH, and the independent expert, Kathy Maddock, BSN, MSA, FACMPE, LGBSS, to apply the MCD requirements to her assessment and reporting. The IVA and BCDSS have created a random sample (stratified for age groups and MATCH health classifications for each child) of 100 children; Ms. Maddock reviews cases of 30 new entrants into OHP and 70 children who have remained in OHP for at least a year.

After the completion of three of these reports, the IVA determined that the fourth report, that for the January - June 2024 reporting period, sufficiently addressed the MCD requirements. It is therefore attached to this IVA report.[102]

For compliance with the EPSDT and dental exam requirements (Exit Standards 82 and 83), a subsample of children's EPSDT and dental reports are reviewed in detail. Over the course of Ms. Maddock's four reviews to date, she reviewed at least 350 such reports and has found that most providers are meeting the EPSDT requirements in their examinations.[103] The results for the other three Exit Standards have not been as favorable. While MATCH staff is following the format requirements for the Comprehensive Health Assessment (CHA)[104] (Exit Standard 79) and for Health Plans[105] (Exit Standard 94), a number of these documents have been found to be insufficient due in large part to the reviewer not having medical documentation of prior health care at the time the required CHA and Health Plans were created.[106] As to Exit Standard 88a, the major reasons why Ms. Maddock has found that no more than 50% of the children were having "all health needs met" were (1) late exams; (2) completely missed exams; and (3) lack of documentation in CJAMS, even if the exams had occurred.[107] In each of her four reviews, she has made recommendations to both BCDSS and MATCH on improvements that can be made to health care management.[108]

[102] See Att. 17, Maddock, "BCDSS Health Services and MATCH Oversight Report," January-June 2024 (February 25, 2025).
[103] See, e.g., January - June 2024 Report pp. 12-13 and 19-20.
[104] A CHA is created and provided to the child's caregiver and medical provider within 70 days of the child's entry into foster care and should include basic background on the child including the child's medical history, a summary of the medical, dental and mental health exams that have taken place since entry into OHP, and the recommendations from those exams.
[105] Also called "Health Passports" in the MCD, Health Plans must be created and provided to the child's caregiver and caseworker within 70 days of the child's entry into foster care and every year thereafter and should include an update of the child's physical and mental health since the last Health Plan, upcoming appointments, a plan for obtaining any needed care, and medications.
[106] Att. 17, pp. 10, 16-18.
[107] Even if an examination took place, it is not possible to determine if the child had any needs identified in the examination without receipt of documentation from the provider.
[108] See, e.g., Att. 17, p. 22.

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 placement problems, and the complexity of mental health issues impacts the length of time a child spends in out-of-home care. In an effort to provide such services, BCDSS created the BCDSS Youth Wellness Program to contract directly with mental health providers for services for children and youth and continues to work with Behavioral Health Systems Baltimore (BHSB) to implement the program. It was anticipated that this program would be particularly beneficial for children who experience placement instability because their therapeutic provider would be separate from their placement, thereby allowing the child to continue with their Wellness Program provider even in the case of a placement disruption.

The Defendants provide detailed information about the program in their report (Defs' 72nd Rep., pp. 18-25). The implementation of this program has faced many challenges. 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 qualified therapists. Retention problems also have ensued. As of May 2025, only two of the original four providers awarded contracts are still in the program, and a third provider has been brought on to replace one of the original providers who separated from the contract. Only 4 clinicians of the 20 that were anticipated are participating in the program as of May 2025. As a result, the referral portal was closed so that cases could be reassigned to the remaining clinicians. The portal will be re-opened once new clinicians become available for referrals. As of the writing of this report, there is no further information about the selection of a fourth provider. Defendants should consider expanding the Wellness Program to include alternatives to the traditional 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. It also may have the effect of creating a more stable service provider cohort as well as encouraging participation by youth who are declining to participate in the therapy currently being offered.

The Defendants did not provide an update on mobile crisis services in their 72nd Report. However, a recent update was provided to BCDSS Child Welfare staff via an email from BCDSS Deputy Director Corine Mullings on May 28, 2025, indicating that the current provider of these services is still limited to providing crisis services only on weekdays between 9am and 5pm.[109] Another crisis services organization would provide after-hours coverage Monday through Friday with a team being dispatched *based on availability*. For weekends, there will be *NO* designated youth crisis teams available. Instead, families or DSS staff would need to contact "988" for crisis services. Without a "24/7" crisis service available, youth may be at greater risk for police involvement and placement instability.

Lastly, there continues to be an overall lack of data available 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.

[109] Att. 18, Dep. Dir. Mullings, Child Welfare Updates, pp. 2-4, Updates to ABH Mental Health Stabilization Services (May 28, 2025).

F. Case Planning

Case planning is an essential part of working with families involved in the foster care system. The MCD, as well as state[110] and federal law[111], require written case plans for all children placed by the local child welfare agency in out-of-home care. The participants, timing and elements of the case plan are set forth in federal and state law and regulations, and compliance with the MCD is based on these federal and state laws and regulations. For children 14 years and older, there also must be a Youth Transition Plan (YTP) developed collaboratively with the youth to help guide them from foster care to adulthood. Guidance for case planning in Maryland is also provided in SSA/CW Policy #13-02 (revised February 28, 2023) and for Youth Transition Plans in SSA/CW Policy #24-04 (September 6, 2024).[112]

Unfortunately, there is currently no validated data about either the quantity or quality of case plans being completed by BCDSS. Given the critical role of case plans in child welfare practice, the MCD measures related to case plans (Exit Standard 24) and Youth Transition Plans (Exit Standard 29a) were selected by the Defendants, with agreement by the Plaintiffs, as priority measures for report completion by mid-2024. A year later, the CJAMS reports for Exit Standards 24 and 29A have just recently been validated as accurate by BCDSS Innovations staff.

Furthermore, compliance with the MCD requires both a quantitative and a qualitative assessment of case plans. A simple quantitative percentage of case plans completed in the CJAMS system is insufficient to know if the case plans meet the definition of a case plan and include all required elements. Case plans must also be individualized to the strengths and needs of children and families. The parties agreed to use the QSR process for the qualitative assessment of case

[110] MD Code, Family Law, § 5-525; COMAR .07.02.11.13
[111] Adoption Assistance and Child Welfare Act, P.L. 96-272, 42 U.S.C. Section 675.
[112] Defendants' Child Welfare Policies can be found on the DHS public website at https://dhs.maryland.gov/ business-center/documents/child-policy-directives (accessed June 16, 2025).

plans. However, this data is not currently being reported due to the IVA's finding that the data was not valid due to the Defendants' failure to maintain fidelity to the QSR model. (See QSR discussion above.)

A key element in case planning is engagement with parents/guardians. In their report, Defendants highlight the engagement of parents at one point in time when their children enter foster care, stating that "A family involvement meeting was held within seventy-two hours of placement for 91.15% of children newly entering care."[113] That measurement was from Measure 18 (validated by Innovations as accurate) for the reporting period January - June 2024. Unfortunately, this data point has dropped significantly. For the first five calendar months of 2025, the rate of FTDMs has fallen to 34%.[114]

The Baltimore City 2023 CFSR Report also found items related to engagement with families being identified as Areas Needing Improvement.[115] From the CFSR Report:

> Furthermore, increasing efforts to partner with biological parents is a significant area of improvement for the agency based upon the results of the onsite review. The review revealed that the agency did not consistently assess the needs of biological parents or provide appropriate services to address their needs (Item 12B). The review revealed that in many cases the agency knew of the biological parents' whereabouts but did not make any efforts to assess their needs. Furthermore, when the agency was not aware of the biological parents' whereabouts, there was no evidence of the agency's ongoing efforts to locate the missing parent in order to engage them. This lack of engagement with biological parents also resulted in a lack of the agency actively including parents in case planning (Item 13) and completing frequent, quality visits with them (Item 15).

As mentioned earlier in this report, Defendants continue not to meet the federal targets for achieving permanency for children. Given the importance of case plans in guiding permanency, whether it be the child's return home or an alternative permanent placement

[113] Defendants' *L.J.* v Massinga, 72nd Court Report, p. 4.
[114] *L.J.* Measure 18, January - June 2025, downloaded from CJAMS June 8, 2025.
[115] 2023 CFSR Report, pp. 16-17.

if a child is unable to return home safely, Defendants need to use the data they do have available to them, through sources such as Family Team Decision Making, internal QSR, and CFSR data, to assess how parent engagement and case planning is impacting on length of stay and other permanency outcomes.

VII. 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.

"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) investigating the way the reported data was obtained to determine if it meets the requirements of the measure instruction; (3) verifying the reported data to determine if what is reported as the level of compliance is accurate, valid, and reliable; and (4) for Exit Standards only, determining 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;[116] therefore, that finding need not be repeated in this report. Defendants request certification for four Exit

[116] Defendants previously have indicated their intention not to use the current measure instructions which utilize QSR. See IVA Resp. to Defs.' 71st Report at p. 17. Defendants recently provided the IVA with proposed alternative measure instructions. The IVA will assess the adequacy of those proposed measure instructions in the future. However, the parties agreed at an October 2024 forum that Defendants would continue to use the current QSR measure instructions until there is an agreement as to an alternative.

Standards: Measures 52, 121, 125 and 126. The IVA can certify Exit Standards 121, 125 and 126 but not Exit Standard 52 for the reasons discussed below.

Defendants' Data Table is Attachment C to their report. The IVA has provided a copy of that data table, annotated with the IVA's findings, attached as Appendix 1 to this IVA report. Of the 133 reported measures (seven of the 126 measures have two parts counted separately), 97 (73%) remain "TBD" 16 years after entry of the MCD. Of the 97 TBDs, 30 are QSR-reported measures which should be able to be reported beginning in January 2026 when the QSR system is fully functioning. The largest number of TBDs are for measures that should be reported from CJAMS data using the QLIK reports developed by MD THINK. Of the 76 measures to be reported from CJAMS data, 64 are listed as "TBD" in Defs.' Data Table.

A. Measures Certification Discussion

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 provide data for nor claim compliance with any of the seven Exit Standards in this section. They provide data for only five of the ISMs (13, 18, 23, 27, and 28), two of which, Measures 18 and 28, are certified as accurate, reliable and valid. (See IVA Data Table, Apx. 1, pp. 3-6.)

Four measures in this section were designated in April 2024 as priority measures - Exit Standards 20 (Family Team Decision-Making Meetings), 24 (case plans), and 29a (Youth Transition Plans) and ISM 9 (Placement changes and FTDMs). In the 72nd Report, data is not

reported for any of the priority measures. Exit Standards 24 and 29a have been completed; Exit Standard 20 and ISM 9 have not been completed.[117]

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. Data was provided for 3 Exit Standards (52, 65, and 68 part 1) and 8 ISMs (30, 38, 46, 47, 49, 50, 51, and 67). Exit Standards 52, 65, and 68 and ISMs 49, 50, 51 and 67 are discussed below. See IVA Data Table, Apx. 1, pp. 6 - 12, for determinations on which of the other reported measures can be certified as accurate, reliable and valid.

Five of the measures were designated as priority measures - Exit Standard 57 (meeting all licensing standards for kin and resource homes); Exit Standard 58 (timely licensing approvals and reconsiderations); Exit Standard 60 (caregivers being provided with all available information about the children placed in their care); Exit Standard 65 (maltreatment-in-care); and Exit Standard 72a (monthly caseworker visits). In Defendants' 72nd Report, data is reported for only one of the priority measures, Exit Standard 65. As of the date of this report, Exit Standards 65 and 72a have been completed. Exit Standards 57, 58 and 60 have not been completed.

Defendants claim compliance with and request certification of one Exit Standard, Measure 52 (and related ISMs 49, 50 and 51). Those measures and Exit Standards 65 and 68 are discussed below.

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

[117] "Completed" is used to mean that MD THINK has produced a report which BCDSS Innovations staff have validated as accurate according to the requirements (BRD) for the measure instruction.

Defs.' Report: Developmental Disabilities: 1; Care Coordinator: 1; Education Services including special education: 5; Employment: 1; Family Investment: 1; Housing: 1; Independent Living: 2; Mental Health Services: 2; Ready by 21/SSI: 2; Substance Abuse Services: 1; Total: 17.

IVA: The actual number of specialists is 16. The same person is listed for both Developmental

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

Defs.' Report: Developmental Disabilities: 1; Care Coordinator: 1; Education Services including special education: 5; Employment: 1; Family Investment: 1; Housing: 1; Independent Living: 2; Mental Health Services: 2; Ready by 21/SSI: 2; Substance Abuse Services: 1; Total: 17.

IVA: The actual number of specialists is 16. The same person is listed for both "Developmental Disabilities" and "Care Coordinator."

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

Defs.' Report: 100%

IVA: No. The correct percentage is 82% (14 of the 17 positions).

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. However, for three of the listed areas, the MS-22 document provided for the individual assigned does not describe in any way that the person holding the position has the expertise or responsibility to provide technical assistance in that area to caseworkers and supervisors. Those positions are for "Developmental Disabilities" and "Care Coordinator" (both specialist positions are assigned to the same person) and "Housing."

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: Requests certification.

IVA Response: Defendants' compliance is not certified. Defendants have not met the substantive requirements of Exit Standard 52.

For the 72nd reporting period, Defendants report specialists in the following areas required by the MCD: Developmental Disabilities; Education Services including special education; Employment; Housing; Independent Living; Mental Health Services; and Substance Abuse Services. In addition, Defendants report specialists for "Care Coordinator," "Family Investment," and "Ready by 21/SSI. Once a month, Defendants include in their "Friday Facts," a weekly internal BCDSS newsletter, "Ask the Expert," a compilation of the supports available for caseworkers in serving the children in their caseloads.

For the same reason stated in previous reports and discussed with Defendants, the IVA is unable to certify the measure as compliant. This 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. The reported data and referral lists do not indicate whether any of the specialists (other than for substance abuse assessments and referrals for parents) 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 parents. The mental health services listings do not referrals for parents, even though mental health is often a critical issue in the inability of some to parent.

Exit Standard 65*: 99.68 percent of children in OHP were not maltreated in their placement, as defined in federal law.*

Defs.' Report: 99.63%.

IVA Response: Not certified as accurate. The actual compliance percentage is 99.39%.

The parties to the MCD chose a compliance level of 99.68% of children in OHP not maltreated in their placements for the MCD because, at the time (2009) that the MCD was entered, it was the standard used by the federal government. A footnote to Exit Standard 65 provides:

> The measurement for maltreatment in foster care in this Decree is the measurement 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.[118]

The reported compliance level of 99.63% for the 72nd reporting period is not accurate. There are at least five additional cases of maltreatment that should have been but were not included in the report for Measure 65, and there was one case that was included that should not have been included. Therefore, there were a total of ten (rather than six, as reported) cases of confirmed maltreatment-in-care by caregivers during the reporting period. When those cases are included, the actual compliance rate is 99.39%, not the reported compliance level of 99.63%.

The core requirements for a case of reported maltreatment to be included as maltreatment-in-care are (1) the child was in out-of-home placement at the time of the maltreatment and (2) the maltreator was a caregiver (including staff in congregate care facilities). In order for the case to appear on the Measure 65 report, the person entering the data in CJAMS must: (1) ensure that the child's CJAMS ID used in the maltreatment investigation case is the CJAMS ID used in the child's

[118] Prior to the third round of CFSR (in 2018 in Maryland), the measurement for maltreatment-in-care was changed to "of all children who were in foster care in a 12-month period, what was the rate of maltreatment per 100,000 days in care?" In addition, unlike for Measure 65, all occurrences of maltreatment are included, regardless of the relationship between the perpetrator and the child. The new national standard is less than 9.07 victimizations per 100,00 days in care during the 12-month period. For the year ending March 31, 2025, Baltimore City's rate was 13.12 victimizations per 100,000 days, (Att. 4, p. 3), although it seems likely that at least some of the underreporting for Measure 65 would also apply to the Headline Indicators calculation.

service [foster care] case; (2) enter the correct incident date for the maltreatment so that it falls within a time that the child was in foster care; (3) mark the maltreatment as "provider-involved," and (4) mark the provider type as "family-based foster care," "non-family-based foster care," or a "living arrangement."

For the 72nd Report period:

a. Three cases are missing from the report because CJAMS continues to permit the creation of multiple CJAMS IDs for one child (and because IDs cannot be merged when more than one is erroneously created). This requires time and careful investigation. One regularly sees two or more CJAMS IDs for children, particularly if they have names that are challenging to spell. Sometimes staff choose the wrong ID or even create a new one for the CPS case. When that happens, there is no way for the CJAMS report to link the cases, and the maltreatment report will not appear on the *L.J.* report or on the federal report because it could not be recognized as maltreatment-in-care.

b. Two cases are missing from the report because the caseworkers who input the data and the supervisors who approved the dispositions left blank the field for the type of provider instead of checking off the box for "family-based foster care" as required. Therefore, even though one abuser was listed as the child's caregiver relative and the other as a foster parent, the cases were omitted from the count.

c. One case was wrongly included in the report because it was not provider-involved maltreatment; the child was abused while in a foster home, but the actual maltreator was a sibling.

Although Defendants have improved the accuracy of the CJAMS report itself, the failure of staff to input the data correctly results in the data reported being inaccurate and unreliable.

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

Defs.' Report: 71 children.

IVA Response: Not certified as accurate. The actual number was 76 unique children, 61 in office buildings and 15 in hotels.

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 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: 95.68%.

IVA Response: Not certified as accurate. The actual percentage was 95.4%. Using both the IVA's records based upon daily reports from Defendants and Defendants' own Extended Hours archives, the IVA found that there were 61 children in office buildings after business hours for more than 4 hours and 15 other children[119] housed in hotels overnight for a total of 76 (unduplicated) children.

3. Health Care

The Health Care section of the MCD includes five Outcomes containing 7 Exit Standards and 15 Internal Success Measures. Data was provided for three Exit Standards (75, 79 and 82) and five ISMs (73, 74, 76, 80, 91, and 92). See IVA Data Table, Apx. 1, pp. 12-16, for

[119] As the chart in the Placement section above shows, there were 31 children staying in hotels during the reporting period. However, 16 of those children also stayed in office buildings after business hours; those children are reported for Exit Standards 67 and 68 only once.

determinations on which data can be certified as accurate, reliable and valid. Defendants do not claim compliance with any of the Exit Standards.

Three of the measures were designated as priority measures - Exit Standard 75 (timely initial health screenings); Exit Standard 82 (timely comprehensive examinations); and Exit Standard 83 (timely ongoing preventative care). As of the time of this report, the reports Exit Standards 75 and 82 have been completed but Exit Standard 83 has not been completed.

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 and report data for only one of the measures (ISM 100). See Data Table, Apx. 1, for determination on whether the reported measure can be certified as accurate, reliable and valid. As of the time of this report, the only measure designated as a priority measure, Exit Standard 99 (timely school enrollment), has not been completed.

5. Workforce

The Workforce section of the MCD includes three Outcomes containing 6 Exit Standards and 9 Internal Success Measures. Data was provided for 4 Exit Standards (121, 122, 125, and 126) and 6 related ISMs (117, 118, 119, 120, 123, and 124). Exit Standards 121, 125, and 126, and ISMS 117, 118, 123, and 124 are discussed below. See Data Table, Apx. 1, pp. 16-19 for determinations on which of the other reported measures can be certified as accurate, reliable and valid.

Two of the Workforce Exit Standards were designated as priority measures - Exit Standard 115 (OHP and Resource & Support worker caseloads) and Exit Standard 116 (OHP and Resource

& Support supervisor to caseworker ratios). As of the date of this report, both have been completed.

Defendants have reached certification-level numerical compliance for 3 Exit Standards: Measures 121 (related ISMs 117 and 118), 125 (related ISM 123) and 126 (related ISM 124) and are seeking certification of these measures.

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

Defs.' Report: 100%

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

Defs.' Report: 100%

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

Defs.' Report: 100%

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.

For Measure 121, the Defendants report a compliance level of 100% which meets the MCD requirements. The IVA has reviewed the information regarding new hire qualifications. 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 reviewed all of the degrees and proof of passage letters and randomly checked OHP milestone reports for the period between when the new caseworkers were hired and when they passed their competency exams and found no instances where staff were assigned cases during that period of time. The IVA finds that the procedures used by Defendants to collect this information, and the data provided are accurate, valid and reliable.

Based on this review, the IVA certifies that Defendants' reported compliance level of 100% for Exit Standard 121 is accurate, valid and reliable and surpasses the MCD-required compliance level of 95%.

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

Defs.' Report: 96.46%

IVA Response: BCDSS has issued a detailed SOP and has a well-documented process for case transfer 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. The IVA has reviewed a small random sample of transferred cases in CJAMS and found that the information provided on the spreadsheet is accurate.[120] Based on this review, the IVA certifies that Defendants' reported

[120] Although not a specific requirement of the *L.J.* measure instruction, an important part of the case transfer form is the list of tasks that should be completed at the time of transfer. For each line item, the form provides for answers "yes" "no" and "NA." In a number of reviewed cases, many line items were left blank. The IVA checked some of the line items against what appeared in CJAMS. In some cases, even though the line items were blank, it appears that there were relevant documents in the system as of the transfer date. However, in other situations, while the items were marked "yes," the dates provided for case plans and transition plans did not appear in CJAM. Ensuring that all tasks are done and properly documented on the form at the time of transfer would assist BCDSS in meeting a number of the MCD requirements as well as correcting some of the CJAMS documentation deficits discussed in the Chapin Hall Report and in this report.

compliance level of 96.46% is accurate, valid and reliable and surpasses the MCD-required compliance level of 90%.

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

Defs.' Report: 99.97%

IVA Response: BCDSS has issued a detailed SOP and has a well-documented process for case transfer 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. The IVA has reviewed a small random sample of transferred cases in CJAMS and found that the information provided on the spreadsheet is accurate. Based on this review, the IVA certifies that Defendants' reported compliance level of 99.97% is accurate, valid and reliable and surpasses the MCD-required compliance level of 90%.

Because Exit Standards 125 and 126 are the only Exit Standards associated with their Outcome, and because they have been certified as having been met for three consecutive reporting periods, compliance with Workforce Outcome 3 is certified.

B. Other Reporting Requirements

The first and second parts of the MCD contain additional reporting requirements. (See IVA Resp. to 64th Rep., Att. 1, *L.J.* MCD Notification and Reporting Requirements.) Defendants have reported on five of these other reporting requirements in the 72nd 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 have reported no fatalities in 2024 and one fatality in 2025. In the past, Defendants have shared information about fatalities in which children or their families have had BCDSS involvement in the prior year, the criteria which requires them to report the fatality to SSA.[121] However, Defendants now refuse to share any information about fatalities unless the child or youth is in OHP at the time of their death.[122]

In the 12 months between January - December 2024, the IVA's records show that Defendants provided 12 non-runaway-related Critical Incident Reports. The number appears low given that 24 such reports were received in only six months between July - December 2023. All but one of the reports received were provided 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. Reports of runaways have been received regularly since April 2024 after a period of five months in which no reports were sent. Many of the runaways are children who are being asked to stay in an office building overnight while BCDSS seeks a placement for them.

Because the report for Measure 61, which should show all safety-related Critical Incident Reports, is not currently accurate, the IVA has no way of validating these numbers and determining compliance.

[121] SSA/CW Policy #22-02, Child Fatality/Serious Physical Injury/Critical Incident (March 1, 2022). Defendants' Child Welfare Policies can be found on the DHS public website at https://dhs.maryland.gov/ business-center/documents/child-policy-directives (accessed June 16, 2025).

[122] See Att. 19, E-mail from BCDSS attorney Steven Cohen, June 25, 2024. ("As a result of a continuing review of our practices and procedures required by the MCD and the Human Services Article, we have decided to restrict your receipt of Fatality, Serious Physical Injury and Critical Incident Reports to only those involving class members. This change will start immediately so no further reports inconsistent with this policy will be provided.").

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 report receiving no such publicly available reports during the 72nd report period. The IVA knows of no such reports. However, Defendants did not provide promptly a relevant report during the current (74th) reporting period. On April 11, 2025, the Maryland Department of Legislative Services issued an audit of DHS Local Department Operations including findings from the DHS Inspector General's office that child abuse and neglect investigations often were not completed timely; that monthly visits with children were not documented timely; that foster care trust accounts were not maintained properly; and that foster care providers were not properly monitored. Of the 98 child welfare-related findings of violations, 10 were from Baltimore City.[123]

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.

[123] Att. 20, MD Department of Legislative Services, Audit DHS Local Operations (April 2025). The relevant findings and the number of cases found to be non-compliant for Baltimore City are on pp. 11 - 13 and 18, respectively.

On February 3, 2025, Defendant BCDSS provided the summary report for the report period ending June 30, 2024.[124]

Based upon the complaint summary provided and the description provided in Defendants' 72nd Report, p. 29, BCDSS is found to be in compliance with this requirement of the MCD.

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.

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, the IVA, in the Response to the 70th Report, had requested information describing the process for compiling this list and how BCDSS ensures that all children awaiting an appropriate placement are included on the list. Subsequently, in an email dated July 17, 2024, in a meeting on October 30, 2024, in a follow-up email on November 6, 2024, and again on January 21, 2025, the IVA has requested a log/list of all requests for placement to the Child Placement Resource Unit (CPRU) and their resolution. Defendants have failed to respond to any of these requests, making it impossible for the IVA to determine whether Defendants are complying with this requirement of the MCD.

[124] Att. 21, Complaint Process Summary Report for the 72nd Report, received February 3, 2025.

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. …

Once again, Defendants report that "The Agency continues to explore and develop processes to achieve timely notice and to provide copies of maltreatment reports and dispositions in compliance with this requirement." (p. 30). Although Measure 66, the Exit Standard requiring timely notice does not rely on a CJAMS or QSR report for data, Defendants have failed to provide data for this measure for the 70th, 71st and now 72nd Reports. Defendants have not provided any justification for failing to provide Measure 66 data.

The IVA keeps detailed records of every maltreatment report and disposition provided by Defendants. During the 72nd reporting period, Defendants received at least 64 reports of maltreatment that were opened for investigation; 59 of those reports were provided to the child's attorney, Plaintiffs' attorneys and the IVA within five business days, one was provided late, and four were not provided at all, for a 92% compliance rate, the highest it has ever been, showing good progress.

During the 72nd reporting period, Defendants issued at least 55 dispositions; only 17 were provided to Plaintiffs' attorneys and the IVA within five business days, 10 were provided late, and

28 were not provided at all, for a 31% compliance rate. The total compliance rate for providing timely maltreatment reports and dispositions for the reporting period was 64%.

Defendants are not in compliance with this requirement.

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 2 to this report.

Respectfully Submitted,

/s/
Rhonda Lipkin
Independent Verification Agent

Lisa Mathias
Assistant to Independent Verification Agent

LIST OF ATTACHMENTS

Att. 1. Chapin Hall, Executive Summary to "Maryland Social Services Administration Placement Needs Assessment, Final Report" (January 2025).

Att. 2. IVA Meeting and Document Request, emailed to Defendant BCDSS (January 21, 2025).

Att. 3. Annie E. Casey Foundation, "Assessment Findings and Recommendations, BCDSS" (January 6, 2020).

Att. 4. Performance on SSA Headline Indicators (Baltimore City) as of March 30, 2025 (Version 5/1/25, CJAMS extract 4/15/25).

Att. 5. *L.J. v. Massinga* Modified Consent Decree - Outcomes and Exit Standards Only (October 9, 2009).

Att. 6. MD Department of Legislative Services, Audit Report, DHS Office of the Secretary and Related Units (February 2025).

Att. 7. Baltimore Banner, "Penalties Recommended for Child Welfare Agency over Missing Data on Foster Kids, Deaths." (February 19, 2025).

Att. 8 IVA QSR Report emailed to Plaintiffs and BCDSS on February 27, 2024.

Att. 9. IVA Document and Data Request, emailed to Defendant BCDSS (September 30, 2024).

Att. 10. Defs' Response to IVA Document and Data Request, received on November 20, 2024.

Att. 11. DHR Letter to Gen. Assembly with CWLA Study (October 2006).

Att. 12. Baltimore Sun, "Housing Maryland foster children in hotels: 'unsafe situations for everyone'" (November 3, 2024).

Att. 13. IVA Certification Report for Defendants' 60th Report (filed June 25, 2019), pp. 16-24.

Att. 14. BCDSS April 2025 Child Welfare Trends, OHP Kinship Care (revised June 11, 2025).

Att. 15. Healthy Kids Preventive Health (EPSDT) Schedule (January 1, 2024).

Att. 16. American Association of Pediatric Dentistry, Dental Periodicity Schedule (2022).

Att. 17. Maddock, BCDSS Health Services and MATCH Oversight Report, January - June 2024 (February 25, 2025).

Att. 18. Dep. Dir. Mullings, Child Welfare Updates, pp. 2-4, Updates to ABH Mental Health Stabilization Services (May 28, 2025).

List of Attachments, continued

Att. 19. Defs.' Email re Limits on Sharing Fatality Reports with IVA (June 25, 2024).

Att. 20. MD Department of Legislative Services, Audit DHS Local Operations (April 2025).

Att. 21. Complaint Process Summary Report for the 72nd Report, received February 3, 2025.

Copies provided on June 20, 2025, by email to:

Rafael López, Secretary, DHS
Brandi Stocksdale, Director, BCDSS
Carnitra White, Principal Deputy Secretary, DHS
Dr. Alger Studstill, Jr., Executive Director, SSA
Stephanie Franklin, Attorney for Plaintiffs
Mitchell Y. Mirviss, Venable LLP, Attorney for Plaintiffs
David Beller, Attorney for Defendants
Ann Sheridan, Attorney for Defendants
Barry Dalin, Attorney for Defendants
James Becker, Attorney for Defendants
Judy Meltzer, Forum Facilitator
Kathleen Noonan, Forum Facilitator