

December 1, 2019

The Honorable Thomas V. Mike Miller, Jr.
President of Senate
State House, H-107
100 State Circle
Annapolis, MD 21401

The Honorable Adrienne A. Jones
Speaker of the House
State House, H101
100 State Circle
Annapolis, MD 21401

RE: Voluntary Placement Agreements – Children and Young Adults Report – MSAR #11534

Dear President Miller and Speaker Jones:

The Department of Human Services (DHS) is required to submit to the Maryland General Assembly as well as the Department of Legislative Services the report on Voluntary Placement Agreements for Children and Young Adults. This report is in accordance with Chapters 692 and 693 of the Acts of 2018.

If you should require additional information please contact the Office of Government Affairs at 410-767-8543.

Sincerely,



Lourdes R. Padilla
Secretary

CC: Sarah Albert, Department of Legislative Services (5 copies)



**REPORT ON VOLUNTARY PLACEMENT AGREEMENTS – CHILDREN AND YOUNG
ADULTS**

MARYLAND DEPARTMENT OF HUMAN SERVICES

Completed pursuant to Chapters 692 and 693, Acts of 2018

December 1, 2019

REPORTING REQUIREMENTS

This report is hereby submitted in response to Chapters 692 and 693, Acts of 2018. This report includes:

- 1) *The total number of voluntary placement agreements that were both approved and denied*
- 2) *The number of voluntary placement agreements that were requested for behavioral health reasons, including voluntary placement agreements that were requested for children with a developmental disability who are also diagnosed with a behavioral health disorder;*
- 3) *The reason for any denials; and*
- 4) *For voluntary placement agreements that were approved, the type of initial placement, including: residential treatment center, group home placement, therapeutic group home, diagnostic placement, therapeutic foster home, and any other type of placement.*
- 5) *The report shall group the information required above by the following regions:*
 - a. *Baltimore region, consisting of Baltimore City, Baltimore County, and Harford County;*
 - b. *Eastern Shore, consisting of Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, and Worcester County;*
 - c. *Metro Region, consisting of Howard County, Montgomery County, and Prince George's County;*
 - d. *Southern Maryland, consisting of Anne Arundel County, Calvert County, Charles County, and St. Mary's County; and*
 - e. *Western Maryland, consisting of Allegany County, Carroll County, Frederick County, Garrett County, and Washington County.*

Source: Chapters 692 and 693, Acts of 2018

BACKGROUND

The *Children with Disabilities - Voluntary Placement Agreement (VPA) Act* was enacted to provide a voluntary out-of-home placement for a child with a documented developmental disability or mental illness when treatment needs related to the disability cannot be met within the community or with home based interventions.

The goal of a VPA is for the child to receive the treatment that is needed for his/her disability and/or mental illness, and then to return home. A VPA can remain in effect until a child has completed treatment and is ready for discharge from an out of home placement with a recommendation for returning home. The permanency plan for the child under a VPA is always reunification.

The parent or legal guardian of a child with a developmental disability or mental illness with treatment needs is given the opportunity to apply for a VPA with their home local department of social services (LDSS). The LDSS completes an assessment and submits the information to the Department of Human Services/Social Services Administration (DHS/SSA) for approval.

DHS/SSA is able to approve a VPA based on the following criteria:

1. Assessment of family’s needs completed.
2. LDSS demonstrated reasonable efforts were made to prevent the placement.
3. Interagency team provided written decision/recommendation including information about non-availability of needed resources.
4. Child requires a restrictive Out-of-Home placement and the reason for placement is appropriate.
5. Documented child met voluntary placement criteria for Developmental Disabilities and/or Mental Illness.
6. Child Support Requirement - The parent agrees to pay child support during the child’s placement. A binding legal agreement (consent order or Affidavit of Support) must be established with the Child Support Administration.
7. A placement needs to be identified prior to SSA approving the VPA.

When a child is referred for a voluntary placement, as with any type of placement, the referral is evaluated to determine whether all other resources have been exhausted to prevent the child’s placement. Separation from family for a child can be very traumatic, therefore an out-of-home placement is the last option for a child and must demonstrate a need that can only be met by an out-of-home residential treatment provider.

SFY 2019 TOTAL NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS THAT WERE BOTH APPROVED AND DENIED

There were 186 VPA requests made in SFY 2019. In the Baltimore Region, the majority of VPA requests were from Baltimore County and Harford County. Baltimore County had the highest number of approved VPAs (13). Historically, Baltimore City has had very few VPAs and this continued with 8 approved in SFY 2019.

	Approved	Denied
Baltimore Region	25	30
Eastern Shore	11	7
Metro Region	10	42
Southern Maryland	7	28
Western Maryland	10	16
Totals	63	123

NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS REQUESTED

DHS/SSA collects data on approved VPAs. DHS/SSA receives requests for approval of VPA applications once approved at LDSS level. Therefore, the below data includes approved VPAs and the reasons they were requested. Of the 63 cases approved, almost 85% of families request VPAs due their child’s behavioral health needs.

	Behavioral Health (BH)	Developmental Disability (DD)	Both BH and DD
Baltimore Region	22	1	2
Eastern Shore	9	0	2
Metro Region	6	2	2
Southern Maryland	7	0	0
Western Maryland	8	0	2
Total (63)	52	3	8

REASONS FOR VOLUNTARY PLACEMENT AGREEMENTS DENIALS

Of the 123 denials in FY19, the majority of VPAs were denied because the parent withdrew, did not follow through or did not meet the VPA criteria. The second most common reason for denial is not all community-based and in-home resources have been pursued prior to considering a VPA. A VPA should be the final step in the process after all services have been exhausted. Other reasons for denial include:

- Child in Need of Assistance (CINA) petition - If there is abuse or neglect and the child is in danger then the LDSS would file a CINA petition with the juvenile court. If the child needs to be placed out-of-home because of abuse or neglect, than the family would no longer be eligible or appropriate for a VPA and would be considered a denial.
- Documentation was insufficient to support the need - Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician.
- Alternative availability of services - The supportive services sought by parents are available through other programs or channels that do not require a VPA, including:
 - Autism Waiver Program - If a child is in the Autism Waiver, residential placement may be approved and is a covered service under this waiver.
 - Core Service Agency (CSA) Placement - The local CSA is charged with being the lead agency for children who are on Medical Assistance in need of an RTC and who are not in the custody of DHS. In these cases, the local school system must approve funding for education.

- Private insurance covers the RTC placement - If parents have private insurance coverage, there would not be a need for the LDSS to get involved and pursue a VPA, unless educational services require funding.

	Baltimore Region	Eastern Shore	Metro Region	Southern MD	Western MD	Total (123)
Need to exhaust community resources/Referred to community resources.	6	1	7	8	3	25
Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician.	1	3	5	4	0	13
Child became a CINA.	0	0	3	2	1	6
Child eligible to be placed under Autism Waiver.	0	0	0	3	0	3
Child transferred to Core Service Agency or another State Agency for placement or services.	1	2	1	3	0	7
One parent was not in agreement with VPA, and child was placed with that parent or another relative.	0	0	4	2	1	7
Parents used private insurance for placement.	0	0	0	1	0	1
Parents Withdrew/Did Not Follow Through/Did Not Meet VPA Criteria	22	1	22	5	11	61

TYPE OF INITIAL PLACEMENTS FOR APPROVED VOLUNTARY PLACEMENT AGREEMENTS

Approximately 47% of children were placed initially in a Residential Treatment Center (RTC); 13% in Group Homes, 2% in Therapeutic Group Homes, and 38% in Diagnostic placements. Children are typically placed in RTCs due to experiencing intensive behavioral health related issues. The youth placed in group home settings tend to be those youth with autism, developmental disabilities, or medically fragile conditions.

	Residential Treatment Center (RTC)	Group Home (Traditional and DDA)	Therapeutic Group Home	Therapeutic Foster Home	Diagnostic
Baltimore Region	12	2	0	0	11
Eastern Shore	2	2	1	0	6
Metro Region	6	3	0	0	1
Southern Maryland	6	1	0	0	0
Western Maryland	4	0	0	0	6
Totals	30	8	1	0	24