

December 1, 2020

The Honorable Bill Ferguson
President of the Senate
State House, H-107
100 State Circle
Annapolis, Maryland 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
100 State Circle
Annapolis, Maryland 21401-1991

RE: MSAR #11534 - Voluntary Placement Agreements – Children and Young Adults Report
Completed pursuant to Family Law § 5-505.1

Dear President Ferguson and Speaker Jones:

The Department of Human Services (DHS) is required to submit a report to the Maryland General Assembly on Voluntary Placement Agreements – Children and Young Adults in accordance with the Family Law § 5-505.1. In accordance with this reporting requirement, DHS is pleased to provide you with the enclosed report.

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

Sincerely,



Lourdes R. Padilla
Secretary

Enclosure

cc: Sarah Albert, Mandated Reports Specialist, Department of Legislative Services (5 copies)



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

MARYLAND DEPARTMENT OF HUMAN SERVICES

Completed pursuant to Family Law Article § 5-505.1

December 1, 2020

REPORTING REQUIREMENTS

This report is hereby submitted pursuant to section 5-505.1 of Maryland's Family Law Article, which provides as follows:

(a) In general. -- *In consultation with interested stakeholders, the Administration shall prepare an annual report on voluntary placement agreements for children and young adults in the State.*

(b) Contents. -- *The report shall include:*

- (1) the total number of voluntary placement agreements that were:
 - (i) approved;*
 - (ii) denied; and*
 - (iii) 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;**
- (2) the reason for any denials; and*
- (3) for voluntary placement agreements that were approved, the type of initial placement, including:
 - (i) residential treatment center;*
 - (ii) group home placement;*
 - (iii) therapeutic group home;*
 - (iv) diagnostic placement;*
 - (v) therapeutic foster home; and*
 - (vi) any other type of placement.**

(c) Information to be grouped by region. -- *The report shall group the information required under subsection (b) of this section by the following regions:*

- (1) Baltimore region, consisting of Baltimore City, Baltimore County, and Harford County;*
- (2) 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;*
- (3) Metro Region, consisting of Howard County, Montgomery County, and Prince George's County;*
- (4) Southern Maryland, consisting of Anne Arundel County, Calvert County, Charles County, and St. Mary's County; and*
- (5) Western Maryland, consisting of Allegany County, Carroll County, Frederick County, Garrett County, and Washington County.*

(d) Submission of report. -- *On or before December 1 each year, the Administration shall submit the report required under this section to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.*

Source: Family Law Article § 5-505.1

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 the child's treatment needs cannot be met at home. 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 the 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 a 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. LDSS documented that 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 the child must demonstrate a need that can only be met by an out-of-home residential treatment provider.

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.

SFY 2020 TOTAL NUMBER OF VPAs APPROVED AND DENIED

There were 144 VPA requests made in SFY 2020. 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 (9). Historically, Baltimore City has had very few VPAs, and this continued with 3 approved in SFY 2020.

As this table shows, 63 percent of the 144 VPA requests made in SFY 2020 were denied. The Metro region and the Southern Maryland region had the highest number of denials. The most common reason for denial is parents withdrawing the application or not following through with

the process. Secondly, denials are the result of the lack of documentation to support that all community resources and/or in-home services have been exhausted.

	Approved	Denied
Baltimore Region	19	9
Eastern Shore	8	12
Metro Region	6	30
Southern Maryland	6	26
Western Maryland	14	14
Totals	53	91

REASONS FOR VPA REQUESTS

DHS/SSA collects data on approved VPAs. DHS/SSA receives requests for approval of VPA applications once approved at the LDSS level. Therefore, the below data includes approved VPAs and the reasons they were requested. Of the 53 cases approved, almost 87 percent of families requested VPAs due their child’s behavioral health needs.

	Behavioral Health (BH) Only	Developmental Disability (DD) Only	Both BH and DD
Baltimore Region	18	0	1
Eastern Shore	8	0	0
Metro Region	4	0	2
Southern Maryland	4	0	2
Western Maryland	12	0	2
Total	46	0	7

REASONS FOR VPA DENIALS

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 that community resources were not exhausted and/or the LDSS referred the family to in-home services. 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.
- Documentation was not sufficient to support the need - Parents did not submit sufficient documentation by a psychologist, psychiatrist, or physician.
- 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 a residential treatment center (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
Need to exhaust community resources/Referred to community resources	1	3	13	9	0	26
Parents did not submit sufficient documentation by a psychologist, psychiatrist, or physician	0	2	0	1	0	3
Child became a CINA.	0	1	2	0	1	4
Child transferred to Core Service Agency or another State agency for placement or services	1	0	0	2	0	3

Parents used private insurance for placement	0	0	1	1	0	2
Parents withdrew	3	1	3	8	0	15
Parent decided not to go ahead with placement due to COVID-19 concerns	0	0	5	0	0	5
Parent did not follow through	0	1	3	0	10	14
Did not meet criteria	3	0	1	2	0	6
Child stabilized and no longer required a VPA	1	2	0	0	1	4
Other	0	2	2	2	2	8
Refusal to pay child support	0	0	0	1	0	1

TYPE OF INITIAL PLACEMENTS FOR APPROVED VPAs

Approximately 56 percent of children were placed initially in an RTC; almost 9 percent in group homes, including traditional group homes and Developmental Disabilities Administration (DDA) group homes; less than 1 percent in therapeutic group homes; and 30 percent 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	8	1	1	0	9
Eastern Shore	5	0	0	0	3

Metro Region	4	2	0	0	0
Southern Maryland	4	2	0	0	0
Western Maryland	9	1	0	0	4
Totals	30	6	1	0	16

CLOSING

A VPA is available to provide needed treatment for a child related to their disability that they are unable to receive at home. DHS continues to provide technical assistance to the LDSSs and the RTCs to ensure that staff understand the VPA policy and that the unique needs of children and families are being met through a VPA. DHS continues to partner with our sister agencies and Local Care Teams to ensure that families are able to access community-based resources to assist their children with documented developmental disabilities or mental illnesses.