

December 1, 2021

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

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

**RE: MSAR #13362 - Annual Report on VPAs for Children and Young Adults**  
*Completed pursuant to Chapters 481 and 482 of the Acts of 2021*

Dear President Ferguson and Speaker Jones:

The Department of Human Services (DHS) is required to submit an annual report to the Maryland General Assembly on Voluntary Placements Agreements for Children and Young Adults in accordance with the provisions of Chapters 481 and 482 of the Acts of 2021. 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 410-767-8966.

Sincerely,



Lourdes R. Padilla  
Secretary

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



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

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MARYLAND DEPARTMENT OF HUMAN SERVICES

*Completed pursuant to Family Law Article § 5-505.1*

December 1, 2021

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## REPORT REQUIREMENT

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This report is hereby submitted in response to the following reporting requirements found under Maryland's Family Law Article §5-505.1:

- 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.*
- 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.*
  - e. *Western Maryland, consisting of Allegany County, Carroll County, Frederick County, Garrett County, and Washington County.*

*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*

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## BACKGROUND

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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 the initial assessment with the family to determine VPA eligibility. The family and/or LDSS may withdraw a request for a VPA due to various reasons such as, the child's mental health needs are being addressed via community resources along with the family's partnering with MDH's Core Service Agency and Local Coordinating Care Team (LCT). In several situations the local department may be able to assist families with other alternative placements. If the LDSS determines that there are no available community resources and other efforts have been exhausted, only then will the LDSS refer a VPA request to SSA for final 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. The Interagency team provided written decisions/recommendations 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, and
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, and the child must demonstrate a need that can only be met by an out-of-home residential treatment provider.

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**SFY 2021 TOTAL NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS THAT WERE BOTH APPROVED AND DENIED**

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There were 105 VPA requests made in SFY 21. Many of the requests came from the Eastern and Southern Maryland Region, with the majority of VPA requests coming from the Western region. Frederick County had the highest number of approved VPA's at 10. During this reporting period, the Southern Region (Anne Arundel-0, Calvert-1, Charles-0, and St Mary-0) had very few VPAs approved in SFY 2021.

|                   | <b>Approved</b> | <b>Denied</b> |
|-------------------|-----------------|---------------|
| Baltimore Region  | 14              | 8             |
| Eastern Shore     | 15              | 12            |
| Metro Region      | 6               | 3             |
| Southern Maryland | 1               | 16            |
| Western Maryland  | 22              | 8             |
| <b>Totals</b>     | <b>58</b>       | <b>47</b>     |

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**NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS REQUESTED**

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DHS/SSA collects data on approved VPAs. DHS/SSA receives requests for the 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 58 cases approved, almost all families requested VPAs due the youth's behavioral health needs.

|                   | <b>Behavioral Health (BH)</b> | <b>Developmental Disability (DD)</b> | <b>Both BH and DD</b> |
|-------------------|-------------------------------|--------------------------------------|-----------------------|
| Baltimore Region  | 11                            | 2                                    | 1                     |
| Eastern Shore     | 14                            | 1                                    | 0                     |
| Metro Region      | 6                             | 0                                    | 0                     |
| Southern Maryland | 1                             | 0                                    | 0                     |
| Western Maryland  | 18                            | 2                                    | 2                     |
| <b>Total (58)</b> | <b>50</b>                     | <b>5</b>                             | <b>3</b>              |

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## REASONS FOR VOLUNTARY PLACEMENT AGREEMENTS DENIALS

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Of the 47 denials in FY21, the majority of VPAs were denied because the parent withdrew, did not follow through or did not meet the VPA requirements. The second most common reason for denials were not all community-based and in-home resources were pursued prior to considering a VPA. A VPA should be the final step in the process after all available alternative services have been exhausted. Other reasons for denials are as follows:

- Child in Need of Assistance (CINA) petition - If there is abuse or neglect indicated and the child is in danger of OOH placement, then the LDSS would file a CINA petition with the juvenile court. If the youth requires OOH placement because of abuse or neglect, then the family would no longer be eligible or appropriate for a VPA and the referral would therefore be considered a denial.
- Documentation was insufficient to support the need for a VPA - Parents did not submit sufficient documentation by a treating 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 the following services offered by MDH:
  - **Autism Waiver Program** - If a child is in the Autism Waiver Program, 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 LDSS involvement and the pursuit of a VPA, unless educational services require funding.

|  | <b>Baltimore Region</b> | <b>Eastern Shore</b> | <b>Metro Region</b> | <b>Southern MD</b> | <b>Western MD</b> | <b>Total (47)</b> |
|--|-------------------------|----------------------|---------------------|--------------------|-------------------|-------------------|
| Need to exhaust community resources/ Referred to community resources.                        | 0                       | 4                    | 0                   | 13                 | 3                 | <b>20</b>         |
| Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician. | 0                       | 0                    | 0                   | 0                  | 0                 | <b>0</b>          |
| Child became a CINA.   | 0                       | 1                    | 0                   | 2                  | 1                 | <b>4</b>          |
| Child eligible to be placed under Autism Waiver.   | 0                       | 0                    | 0                   | 0                  | 0                 | <b>0</b>          |

|  |   |   |   |   |   |    |
|--|---|---|---|---|---|----|
| Child transferred to Core Service Agency or another State Agency for placement or services.          | 0 | 1 | 0 | 1 | 1 | 2  |
| One parent was not in agreement with VPA, and child was placed with that parent or another relative. | 0 | 0 | 0 | 0 | 0 | 0  |
| Parents used private insurance for placement.  | 1 | 1 | 0 | 0 | 0 | 2  |
| Parents Withdrew/Did Not Follow Through/Did Not Meet VPA Criteria                                    | 6 | 5 | 3 | 0 | 5 | 19 |

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**TYPE OF INITIAL PLACEMENTS FOR APPROVED VOLUNTARY PLACEMENT AGREEMENTS**

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Approximately 36% of children were placed initially in a Residential Treatment Center (RTC); 18% in Diagnostic placements, 6% in Therapeutic Group Homes (mostly DDA), and 0% in Traditional Group Homes. 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 who meet the requirement for DDA services such as youth with autism, developmental disabilities, or medically fragile conditions.

|                    | <b>Residential Treatment Center (RTC)</b> | <b>Group Home (Traditional)</b> | <b>Therapeutic Group Home (DDA)</b> | <b>Therapeutic Foster Home</b> | <b>Diagnostic</b> |
|--------------------|---|---------------------------------|-------------------------------------|--------------------------------|-------------------|
| Baltimore Region   | 5   | 0                               | 3                                   | 0                              | 6                 |
| Eastern Shore      | 3   | 0                               | 2                                   | 0                              | 10                |
| Metro Region       | 2   | 0                               | 0                                   | 0                              | 4                 |
| Southern Maryland  | 0   | 0                               | 0                                   | 0                              | 2                 |
| Western Maryland   | 6   | 0                               | 4                                   | 0                              | 11                |
| <b>Totals (58)</b> | <b>16</b>                                 | <b>0</b>                        | <b>9</b>                            | <b>0</b>                       | <b>33</b>         |