

REPORTING REQUIREMENTS

This report is hereby submitted in accordance with the following:

- (a) 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) The report shall include:
 - (1) the total number of voluntary placement agreements that were:
 - (i) approved;
 - (ii) denied;
 - (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; and
 - (iv) requested for children with a developmental disability who are not 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 placement recommended and 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) 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) 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 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 or her disability 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 the Local Department of Social Services (LDSS) serving their jurisdiction. The LDSS completes an assessment and submits the information to the Department of Human Services/Social Services Administration (DHS/SSA) for approval.¹

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

- 1. LDSS completes an assessment of the family's needs.
- 2. LDSS demonstrates reasonable efforts to prevent the placement.
- 3. The interagency Local Care Team provides 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. LDSS documents that the child meets voluntary placement criteria for developmental disability 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 must 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 case documentation must demonstrate a need that can only be met by an out-of-home residential treatment provider.

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¹ Maryland Family Law § 5-525 and COMAR 07.02.11.06; 07.02.11.10

TOTAL NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS IN FY 2023 THAT WERE APPROVED AND DENIED

Table 1 provides data on the total number of VPAs that were approved and denied/withdrawn, by region. Approved VPAs for FY2023 represent an almost 50% increase from FY2022.

Table 1

NOTE I						
	Approved	Denied/Withdrawn				
Baltimore Region	20	39				
Eastern Shore	9	11				
Metro Region	2	4				
Southern Maryland	8	34				
Western Maryland	16	10				
Total	55	98				

NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS REQUESTED

DHS/SSA collects data on all VPAs requested at the LDSS level and submitted to DHS/SSA. Table 2 provides data on the reasons VPAs were requested. Of the 153 cases requested, over 73% of VPAs were due to the child's behavioral health needs. The number of VPAs requested is a 30% increase from FY2022.

Table 2

	Behavioral Health (BH)	Developmental Disability (DD)	Both BH and DD	VPA Criteria Unknown
Baltimore Region	40	4	3	12
Eastern Shore	15	2	0	3
Metro Region	2	0	1	3
Southern Maryland	31	1	3	7
Western Maryland	24	0	0	2
Total	112	7	7	27

REASONS FOR VOLUNTARY PLACEMENT AGREEMENTS DENIALS

Of the 98 denials in FY2023, the majority (56%) of VPAs were denied because either the parent withdrew from the VPA process, did not follow through, or did not meet the VPA criteria. This is the same percentage as in FY2022. The second most common reason, accounting for approximately 34% of reported denials, up from 16% in FY2022, was the failure to exhaust community-based and in-home resources before considering a VPA. Other reasons for denial include:

- Child in Need of Assistance (CINA) petition If there is abuse or neglect and the child is
 determined to be in danger, then the LDSS would file a CINA petition with the Juvenile Court. If
 the child needs to be placed in out-of-home care because of abuse or neglect, then 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 a psychologist, psychiatrist, or physician.
- Availability of alternative 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 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 receiving 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.

Table 3

	Baltimore Region	Eastern Shore	Metro Region	Southern MD	Western MD	Total
Need to exhaust community resources/referred to community resources	1	3	2	25	2	33
Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician	1	1	0	1	0	3
Child became a CINA	0	0	0	0	0	0
Child eligible to be placed under Autism Waiver	0	0	0	0	0	0

Child transferred to Core Service Agency or another State Agency for placement or services.	2	2	0	2	1	7
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	0	0	0	1	1	2
Parents withdrew/did not follow through/did not meet VPA criteria	35	5	2	5	6	53

TYPE OF INITIAL PLACEMENT FOR APPROVED VOLUNTARY PLACEMENT AGREEMENTS

Table 4 provides data on the type of initial placement for the 55 approved VPAs. Initial placements with a Developmental Disabilities Administration (DDA) provider have increased 15% from FY 2022, indicating a greater need for services for those with developmental disabilities.

Table 4

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	Residential Treatment Center (RTC)	Group Home (Traditional)	Therapeutic Group Home (DDA)	Therapeutic Foster Home	Diagnostic
Baltimore Region	12	0	6	0	2
Eastern Shore	7	0	2	0	0
Metro Region	1	0	1	0	0
Southern Maryland	6	0	2	0	0
Western Maryland	13	0	0	0	3
Total	39	0	11	0	5