



**Maryland**

**Department of  
Human Services**

**Voluntary Placement Agreements for Children and  
Young Adults Annual Report**

*Completed pursuant Family Law Article § 5-505.1*

*January 16, 2025*

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## REPORTING REQUIREMENTS

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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

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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 primary goal of a VPA is for the child to receive the treatment that is needed for their 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 a 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 Social Services Administration (SSA) within the Department of Human Services (DHS) for approval.<sup>1</sup>

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

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<sup>1</sup> Maryland Family Law § 5-525 and COMAR 07.02.11.06; 07.02.11.10

documentation must demonstrate a need that can only be met by an out-of-home residential treatment provider.

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**TOTAL NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS IN FY 2024 THAT WERE APPROVED AND DENIED**

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Table 1 provides data on the total number of VPAs that were approved and denied/withdrawn, by region.

**Table 1**

	<b>Approved</b>	<b>Denied/Withdrawn</b>
Baltimore Region	29	58
Eastern Shore	16	15
Metro Region	7	5
Southern Maryland	3	4
Western Maryland	4	6
<b>Total</b>	<b>59</b>	<b>88</b>

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**NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS REQUESTED**

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SSA collects data on all VPAs requested at the LDSS level and submitted to SSA. Table 2 provides data on the reasons VPAs were requested. Of the 147 cases requested, over 79% of VPAs were due to the child’s behavioral health needs.

**Table 2**

	<b>Behavioral Health (BH)</b>	<b>Developmental Disability (DD)</b>	<b>Both BH and DD</b>	<b>VPA Criteria Unknown</b>
Baltimore Region	72	4	11	0
Eastern Shore	23	4	2	2
Metro Region	5	1	5	1
Southern Maryland	7	0	0	0

Western Maryland	9	0	1	0
<b>Total</b>	<b>116</b>	<b>9</b>	<b>19</b>	<b>3</b>

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**REASONS FOR VOLUNTARY PLACEMENT AGREEMENTS DENIALS**

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Table 3 outlines the number of denials in FY24. Of the 88 denials in FY 2024, 32% of VPAs were denied because the family needed to exhaust community resources. The second most common reason, accounting for approximately 30% of reported denials, where either the parent withdrew from the VPA process, did not follow through, or did not meet the VPA criteria. Other reasons for denials are listed below.

- 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 files a CINA petition with the Juvenile Court. If the child is placed in out-of-home care because of abuse or neglect, then the family is no longer eligible or appropriate for a VPA.
- 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 is no need for the LDSS to get involved and pursue a VPA, unless educational services require funding.

**Table 3**

	<b>Baltimore Region</b>	<b>Eastern Shore</b>	<b>Metro Region</b>	<b>Southern MD</b>	<b>Western MD</b>	<b>Total</b>
Need to exhaust community resources/referred	18	6	3	0	1	<b>28</b>

to community resources						
Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician	10	1	1	1	2	<b>15</b>
Child became a CINA	8	2	0	2	0	<b>12</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.	4	0	1	0	1	<b>6</b>
One parent was not in agreement with VPA, and child was placed with that parent or another relative	0	0	0	0	0	<b>0</b>
Parents used private insurance for placement	1	0	0	0	0	<b>1</b>
Parents withdrew/did not follow through/did not meet VPA criteria	17	6	0	1	2	<b>26</b>

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

Table 4 provides data on the type of initial placement for the 59 approved VPAs in FY24. Initial placements with a Developmental Disabilities Administration (DDA) provider increased 7.01% from FY 2023.

**Table 4**

	<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	14	0	3	0	0
Eastern Shore	12	1	2	0	3
Metro Region	8	0	1	0	1
Southern Maryland	3	0	0	0	0
Western Maryland	11	0	0	0	0
<b>Total</b>	<b>48</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>4</b>

The total number of requested VPA cases decreased from 153 in FY23 to 147 in FY24. However, requests for VPA behavioral health cases saw a slight increase from 112 to 116.

The department continues to strengthen its collaboration with partner agencies, including the Maryland Department of Health’s (MDH) Developmental Disabilities Administration (DDA) and Behavioral Health Administration (BHA), to support youth and families earlier in the process. These efforts aim to prevent or divert VPA requests for children with disabilities from entering the child welfare system. During this review period, six requests were successfully addressed outside the child welfare system through BHA or other state agencies. The department remains committed to prevention and early intervention, utilizing evidence-based practices under the Family First

## Prevention Services Act.

DHS has been collaborating with MDH-BHA on legislative changes impacting VPAs. These changes focus on prevention and family service agreements, including local care teams and interagency care coordination. DHS partnered with MDH to review VPA-related processes. In the spring of 2024, MDH hired a consultant, Health Management Associates (HMA), to assess the VPA process and provide recommendations for improvement. For several months, MDH-BHA and HMA held standing weekly meetings with stakeholders of the VPA process, including representatives from DHS, Local Departments of Social Services (LDSS), DDA, and the Maryland State Department of Education (MSDE), to understand the current landscape and key barriers to address. MDH-BHA and HMA also conducted focus group interviews with LDSS representatives from 13 counties and representatives from Core Service Agencies and Local Behavioral Health Authorities. This data informed HMA's final recommendations, and a VPA workgroup between DHS, MDH-BHA, and MSDE continues to meet weekly to review the recommendations, collaborate on additional opportunities for reform, and discuss the implementation of legislative and policy changes. Educational services and funding constraints remain key factors driving VPA requests. DHS is working with MDH-BHA and MSDE to address these barriers.

Additionally, recent legislative and regulatory changes are designed to strengthen support for kinship caregivers, potentially decreasing VPA requests. DHS is also partnering with MDH-DDA to enhance community-based services and supports, enabling more children to remain at home and within their communities. We also want to highlight MDH-BHA's work to increase access to their 1915(i) intensive behavioral health services for children, youth, and families and partnership with Mannatt Health and the Maryland Coalition of Families to develop a roadmap to strengthen community-based care. These efforts highlight interagency collaboration, prevention services, evidence-based practices, and expanded Medicaid waiver services. By focusing on early interventions, DHS expects to reduce the reliance on higher-level treatments through voluntary placement agreements for children with disabilities.