



# Maryland

## Department of Human Services

### **Voluntary Placement Agreements for Children and Young Adults**

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

December 1, 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 may 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 authorized 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 the unavailability of needed resources;
4. The 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; and
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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<sup>1</sup> [Maryland Family Law § 5-525](#) and COMAR [07.02.11.06](#); [07.02.11.10](#)

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**TOTAL NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS IN FY 2025 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. Data is reported by the Local Departments of Social Services (LDSS) directly to the Maryland Department of Human Services (DHS) Social Services Administration (SSA).

**Table 1**

	<b>Approved</b>	<b>Denied/Withdrawn</b>
Baltimore Region	18	41
Eastern Shore	10	13
Metro Region	3	12
Southern Maryland	2	13
Western Maryland	7	12
<b>Total</b>	<b>40</b>	<b>91</b>

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**NUMBER OF VOLUNTARY PLACEMENT AGREEMENTS REQUESTED**

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Table 2 provides data on the reasons VPAs were requested. Of the 131 cases requested, over 88% 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	54	4	1	0
Eastern Shore	18	0	5	0
Metro Region	12	1	2	0
Southern Maryland	14	1	0	0
Western Maryland	17	2	0	0
<b>Total</b>	<b>115</b>	<b>8</b>	<b>8</b>	<b>0</b>

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## REASONS FOR VOLUNTARY PLACEMENT AGREEMENTS DENIALS

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Table 3 outlines the number of denials in FY25, as reported by LDSS. Of the 91 denials in FY 2025, 40% of VPAs were denied because the parents withdrew, did not follow through, or did not meet VPA criteria. The second most common reason, accounting for approximately 26% of reported denials, was because the family needed to exhaust community resources. 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 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 to community resources	10	5	4	3	2	<b>24</b>
Parents did not submit sufficient documentation by psychologist, psychiatrist, or physician	7	1	0	0	1	<b>9</b>
Child found CINA	1	1	0	2	0	<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.	1	0	1	5	4	<b>11</b>
One parent was not in agreement with VPA, and child was placed with that parent or another relative	1	0	0	0	0	<b>1</b>
Parents used private insurance for placement	4	0	1	1	0	<b>6</b>
Parents withdrew/did not follow through/did not meet VPA criteria	17	6	6	2	5	<b>36</b>

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

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Table 4 provides data reported by LDSS on the type of initial placement for the 40 approved VPAs in FY25. Initial placements with a Developmental Disabilities Administration (DDA) provider decreased 67% from FY 2024.

**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	2	0	2
Eastern Shore	9	0	0	0	1
Metro Region	2	1	0	0	0

Southern Maryland	2	0	0	0	0
Western Maryland	7	0	0	0	0
<b>Total</b>	<b>34</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>

The total number of requested VPA cases decreased from 147 in FY24 to 131 in FY25. However, requests for VPA behavioral health cases only saw a slight decrease from 116 to 115.

We remain committed to a collaborative approach to ensuring youth and families receive supports and services to prevent out-of-home placements and VPAs. We are interested in preserving family custody instead of requiring families to relinquish custody in order to obtain comprehensive care for their children with complex needs.

We continue to maintain our collaboration with our sister 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, eleven (11) requests were successfully addressed outside the child welfare system through BHA or other state agencies. We remain committed to preventing out-of-home placement and early intervention, utilizing evidence-based practices funded under the federal Family First Prevention Services Act.

Educational services and funding constraints remain key factors driving VPA requests. A youth may require residential treatment, but the local education agency is not required to fund the education services during the period of out-of-home residential treatment. This funding gap leads to requests for VPA for children with disabilities as parents are not able to meet the costs of education while their child is in residential treatment. DHS is funding education costs for 26 of the 58 youth currently placed in care under a VPA for children with disabilities.

Additionally, recent legislative and regulatory changes were made to strengthen support for kinship caregivers, potentially decreasing VPA requests. DHS is partnering with MDH-DDA to enhance community-based services and supports, enabling more children to remain at home and within their communities. These efforts highlight interagency collaboration, prevention services, evidence-based practices, and expanded Medicaid waiver services.