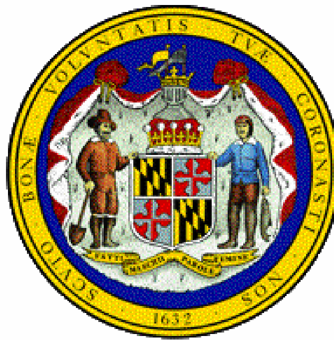
State Resource Plan for

Out-of-Home Placements



Presented by the
Governor's Office for Children

On Behalf of the

Children's Cabinet

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Table of Contents

Introduction ... *3*
Background ... *4*
Out-of-Home Resources: Overview for each Placement Category ... *7*
Out-of-Home Resources: Family Foster Care ... 7
Out-of-Home Resources: Community-Based Residential Placements ... 13
Out-of-Home Resources: Non-Community-Based Residential ... 21
Out-of-Home Resources: Hospitalization ... 26
Current Initiatives ... *27*
Invitation to Negotiate an Integrated Local System of Care ... 27
Quality of Out-of-Home Placements ... 28
Action Plan ... *30*
Recommendations ... 30
Next Year's State Resource Plan—Data Development Agenda ... 32
Conclusion ... *32*
Appendix A - Placement Categories ... *34*
Appendix B - DJS Group Home Utilization Data ... *39*
Appendix C - Survey Results of Local Departments of Social Services ... *42*
Appendix D - Group Homes by Zip Code ... *65*
Appendix E - DHR Monthly Group Homes Information ... *73*

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Introduction

This is an update to the Preliminary State Resource Plan, issued in May 2006, which provided a first attempt to review and make recommendations concerning the overall needs for out-of-home placements in Maryland. In the coming years, this plan is intended to be a comprehensive review, including a summary of existing capacity, anticipated need for placement, and recommendations for out-of-home placement development. This first report represents a starting point. It will be updated annually as new data sources are developed and as Children's Cabinet and legislative requirements dictate.

The State Resource Plan is intended to encompass all out-of-home placements including the requirements of HB813 (2006, to be summarized in the Background section, below). The primary focus of HB813 is on developing a plan for residential child care programs, which is a term used by COMAR to define many of the out-of-home placements available in the State. In prior reports (Children in Out-of-Home Placement-SB711-2004, Juvenile Causes – Children in Out-of-Home Placement – Plan for a System of Outcome Evaluation-HB1146-2004), the Children's Cabinet delineated four placement categories under which all types of out-of-home placements in the State may be classified:

- **Family Foster Care:** Kinship Care, Foster Care, Treatment Foster Care, Individual Family Home Care;
- **Community-Based Residential Placement**: Independent Living and Group Homes (also known as residential child care programs);
- **Non-Community-Based Residential Placement:** Residential Treatment Centers, Residential Education Facilities, Psychiatric Respite Programs, Juvenile Detention and Commitment Centers, Juvenile Wilderness Programs, and Long-Term Care Facilities for Substance Abuse Treatment; and
- **Hospitalization:** General Hospitalization, Psychiatric Hospitalization, and Intermediate Care Facility for Substance Abuse Treatment.

These categories are helpful in describing Maryland's out-of-home placements as a continuum, starting with the least restrictive, most family-like setting (family foster care) and moving progressively towards highly structured and treatment-oriented settings.

Over time a child may experience multiple placements among the different placement categories, depending on the child's need. For example, one child may start out in a relative (or kinship) care placement (family foster care category), but later require more structured care at a group home placement (Community-Based residential category). Another child with serious emotional disturbance (a mental health challenge) may be placed in a therapeutic group home (Community-Based residential category), require psychiatric hospitalization in order stabilize the serious risk of self-harm (hospitalization category), and then may experience successful intervention at a residential treatment center (non-Community-Based residential category). It is always the goal of the child-placing agency that a child will be able to reside in the least restrictive, most appropriate setting possible.

As a specific child's out-of-home placement needs may vary over time, so will his or her requirements for structure in out-of-home care. In Maryland there are over 12,000 children in out-of-home placement on any given day, and the State faces the challenge of linking the children served in out-of-home care with appropriate placements that meet their needs.

At a minimum, among Family Foster Care and Community-Based Residential Placements, a child should not have to cross his/her home county boundaries for placement (excepting those instances where the appropriate placement is in another county but close to home). The purpose of a State Resource Plan, therefore, is to document the State's capacity for out-of-home placement, the needs for placement among children in care, and efforts to align the capacity with the need across Maryland's jurisdictions (23 counties and Baltimore City). The State Resource Plan, as it evolves, will provide analysis and recommendations for the whole out-of-home placement continuum and be able to hold a magnifying lens over a particular segment of the placement continuum as necessary.

Background

The issue of addressing the need for out-of-home placement bed capacity in Maryland has been approached from a number of different perspectives over the last two decades, but not resolved. Various reports have documented aspects of out-of-home placements, but a comprehensive understanding and assessment remained undocumented. Since the late 1990s, a number of reports have shed some light on different segments of the out-of-home placement continuum. These include:

- JCR on Out-of-Home Placements and Family Preservation Services (annually from 1998 to the present) – numbers and costs of all out-of-home care in Maryland and the impact of family preservation services on placements;
- Final Report of the Out-of-State Placement Workgroup: Resources for Maryland Youth in Out-of-State Institutional Placements (1998);
- Working Paper: Child and Adolescent Inpatient Psychiatric and RTC Services (2001); and
- (Unpublished) Evaluation of Residential Resources for Children in Maryland (2004).

These reports yield a number of impressions about children in out-of-home care, as well as recent reports prepared in response to the Maryland legislature.

<u>Highlights from Historical and Recent Reports</u>

A number of fairly reliable observations about the out-of-home placement population can be gleaned from the reports produced to date (bibliography contains complete references):

- The trend for the number of all out-of-home placements is downward over that last five years although the costs have continued to climb, reaching well over half a billion dollars annually ($643.1 million)—JCR, 2005.

- The children served in out-of-state (OOS) placements has dropped considerably over the last 14 years, from 545 children in Fiscal Year 1992 (July 1 count) to 171 in FY 2006 (July 1 count)—JCR, 2005, Addendum on Out-of-State Placements.
    - In 1998, mental retardation and recurring severe behavioral problems were cited as common characteristics of the OOS population, and violent and aggressive youth with emotional disturbance were difficult for DJS to place appropriately—Resources for Maryland Youth in Out-of-State Institutional Placements, 1998.
    - On 7/1/05,
        - the average age at admission was 15.3 years,
        - 84% are male,
        - DJS is the lead agency with the largest proportion (47%),
        - and Baltimore City and Prince George's County account for 51% of the out-of-state population—JCR, 2005, Addendum on Out-of-State Placements.
- Historically, many of the children served through psychiatric hospitalizations and residential treatment services were in need of specialty programs for dually diagnosed youth (mental illness and developmental disabilities), were seriously emotionally disturbed, and/or were sex offenders.—Working Paper: Child and Adolescent Inpatient Psychiatric and RTC Services, 2001.

These reports contain some common challenges that still face the State in addressing the needs of children who are dually diagnosed, have serious emotional disturbance, are violent/aggressive and may be delinquent, are sex offenders (both adjudicated and non-adjudicated), and/or are fire starters. There remains a need to encourage the development of appropriate in-state placements for these children.

In recent years, legislatively-mandated reports have focused more attention on the out-of-home placement continuum, including:

- HB416 (2004-report published 2004) – Plan required for alerting legislators local jurisdiction officials when a group home is licensed and provide access to information about group homes;
- HB1146 (2004-phase 1 report published 2005) – Plan, including cost estimates, required for implementing an outcome evaluation system for out-of-home care placements, excluding kinship care; and
- SB711 (2004-report published 2007) – Report on children placed in out-of-home care, including whether children are placed in home jurisdiction or region, and identification of jurisdictions where out-of-home placements should be developed so that children do not have to be placed outside of their jurisdiction or region.

SB711 was the first detailed report on all children in out-of-home placement (using a one day census—June 30, 2005) and shed light on current needs for residential placements in Maryland. This report examined the children in all placements (excluding kinship care), comparing the county of origin to the county of placement, for children in placement on June 30, 2005. This analysis revealed two clear results: Baltimore City

needs to increase the number of foster care providers in order to match the current demand for foster care; and the Eastern Shore needs additional family foster homes, a short-term diagnostic facility, shelter beds, and group home beds for adolescents. The bed deficit in these regions has a significant impact on the availability of placements across the entire State.

Children's Cabinet focus on Integrated Systems of Care (SOC)
Given that Maryland spends over $643.1 million annually on children placed in out-of-home care, a tremendous amount of attention should be focused on the continuum of out-of-home placements in Maryland. State and local child-placing agencies and the Local Management Boards (LMBs) in each jurisdiction are recognizing that out-of-home placement is one resource in the continuum of care that constitutes the State's overall integrated Systems of Care (SOC) for children and families.

The Children's Cabinet believes that children belong in the most appropriate, least restrictive setting possible, and in their own homes and communities when safely possible. The Children's Cabinet also believes that most children, even those with intensive needs, can thrive in a family setting, with proper supports. For this to occur, however, there must be a SOC in place to support children and families at all points in the continuum of need with a range of non-residential services and residential programs. SOC is *not* a practice model, but rather a philosophy or overarching structure that guides the interventions provided to children and their families. It is critical to distinguish the concept of integrated Systems of Care from the notion of a continuum of care:

> "Continuum of Care" generally connotes a range of services or program components at varying levels of intensity. These are the actual program elements and services needed by children and youth.
>
> "System of Care" has a broader connotation. It not only includes the program and service components, but also encompasses mechanisms, arrangements, structures, or processes to insure that the services are provided in a coordinated, cohesive manner. Thus, the system of care is greater than the continuum, containing the components **and** provisions for service coordination and integration. (Stroul and Friedman, 1986, p.3)

The three core values at the heart of SOC are:

1. The SOC should be **child-centered and family-focused**, with the needs of the child and family dictating the types and mix of services provided.
2. The SOC should be **community-based**, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The SOC should be **culturally competent**, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve. (Stroul & Friedman, 1986, p.18)

The continuum of out-of-home placements, therefore, is critical to meeting the needs of children when they cannot be supported at home and are a critical component in Maryland's System of Care. As the SOC effort evolves in Maryland, understanding the need for out-of-home placements becomes essential. As noted, a central premise for building SOC is to develop an appropriate mixture of non-residential services and residential programs needed by children and families from one community to the next.

Special Emphasis for this Report

The next section of this report provides a review of each of Maryland's out-of-home placement categories (family foster care, Community-Based residential, non-Community-Based residential, hospitalization), including:

- Overview Of Placement Category
- Terms And Definitions
- Who Gets Placed There And Why Needed
- Existing Capacity
- Discussion Of Need For This Level Of Placement

Out-of-Home Resources: Overview for each Placement Category

The categorization of out-of-home placements in Maryland was established in recent reports prepared for the General Assembly. The basic categories include Family Foster Care, Community-Based Residential Placements, Non-Community Residential Placements, and Hospitalizations. This categorization creates a common language to help all agencies, as well as families and community members, to understand the different levels of out-of-home placement, as well as particular types of placement within each category. It should be noted that not all categories are consistent with COMAR; where appropriate, a reference has been given to the relevant COMAR citation. These categories are detailed in the appendix.

Out-of-Home Resources: Family Foster Care

The overwhelming majority of children in family foster care are placed by the Department of Human Resources (DHR) and the local Departments of Social Services (LDSS); therefore, this section will largely focus on the need for family foster homes as reported by DHR and the LDSS. On June 30, 2005, out of the 7,830 children in a family foster care setting, 98.5% of children were placed by DHR/LDSS, 1.2% were placed by the Department of Juvenile Services (DJS), and 0.34% were placed by the Department of Health and Mental Hygiene (DHMH), Developmental Disabilities Administration (DDA). In fact, family foster care accounts for 75.4% of DHR's out-of-home placements on June 30, 2005.

Terms and Definitions

The macro placement category of "Family Foster Care" encompasses four specific placement categories: Kinship Care, Regular Family Foster Care, Treatment Foster Care, and Individual Family Care Homes (see the appendix for detailed definitions). Respite Care, formal or informal, may occur within these placement categories, but is not delineated as a separate placement type in this document. Additionally, regular

family foster care includes restricted foster care, a foster home licensed only to serve a particular child or children, despite having undergone the full licensing process.

In Maryland, DHR and the LDSS are responsible for the recruitment, licensing, and monitoring of foster homes and adoptive homes, with the exception of Individual Family Care Homes, which are licensed and monitored by DDA. DHR categorizes its homes slightly differently than the placement categories above, See Appendix A (Maryland Department of Human Resources, 2006).

Who Gets Placed and Why Family Foster Placements are Needed

Most of the children in family foster care settings, and many of those in other out-of-home placement settings, are unable to remain at home due to abuse, neglect, or other family circumstances. The majority of these children will be reunified with their families when their families are able to adequately and safely provide for their needs; others will go into the care of relatives. For those children unable to reunify with their birth families, a permanency plan of adoption may be initiated.

For those children who are unable to be placed with relatives or in a regular family foster home, treatment foster care, or TFC, is an evidence-based practice that can provide for the child's needs in a less restrictive setting than congregate care. TFC, sometimes referred to as therapeutic foster care, is "considered the least restrictive form of out-of-home therapeutic placement for children with severe emotional disorders (U.S Department of Health and Human Services, 1999, n.p.)." Treatment foster care parents are specially trained to work with children with serious emotional and behavioral problems in a family setting.

The Foster Family Treatment Association of America (FFTA) has set national standards for TFC. The Oregon Science Learning Center model of TFC has been found to produce superior outcomes for children. This model includes higher treatment parent stipends, intensive training and in-vivo training, active support to implement a behavior plan, daily telephone contact from the program staff and 24-7 access to the program staff, and planned respite for treatment parents on a regular basis Maryland TFC programs typically do not implement a specific program model. Maryland has not adopted a specific model or required many core components of "evidence-based" TFC models (Bruns, Zachik, Brylske, Walker, Kiser, and Tomlin, 2005).

Both treatment foster care and regular family foster care homes may be licensed by the LDSS or by a private child placement agency (CPA), which, in turn, is licensed by DHR.

Existing Family Foster Placement Capacity

Table 1 indicates, for each jurisdiction, the number of children placed in family foster care placements on June 30, 2005, and reveals the jurisdictional origin of the children placed in any given jurisdiction. As such, this table provides a minimum estimate of the family foster care bed capacity in Maryland, as it does not provide information about capacity based on licenses or contracts.

This breakdown, indicating whether the children are coming from their own jurisdictions, adjacent jurisdictions, or beyond their region, sheds light on whether jurisdictions are experiencing overflow or displacement. As the basic expectation is that each jurisdiction should be able to provide a foster care bed for each of its residents in need, this analysis yields a number of insights.

Table 1: Number & Percent of Family Foster Care Placements in Use, All Agencies, 6/30/05

Jurisdiction	Beds filled in each jurisdiction	Beds filled with children from home jurisdiction		Beds filled with children from adjacent jurisdiction		Beds filled w/ children from non-adjacent jurisdictions OR other states	
		Number	Percent	Number	Percent	Number	Percent
Allegany	97	88	90.7%	4	4.1%	5	5.2%
Anne Arundel	267	110	41.2%	144	53.9%	13	4.9%
Baltimore City	3867	3768	97.4%	72	1.9%	27	0.7%
Baltimore County	1191	220	18.5%	910	76.4%	61	5.1%
Calvert	48	36	75.0%	5	10.4%	7	14.6%
Caroline	43	26	60.5%	7	16.3%	10	23.3%
Carroll	88	28	31.8%	19	21.6%	41	46.6%
Cecil	72	46	63.9%	13	18.1%	13	18.1%
Charles	94	62	66.0%	21	22.3%	11	11.7%
Dorchester	38	17	44.7%	15	39.5%	6	15.8%
Frederick	103	79	76.7%	11	10.7%	13	12.6%
Garrett	51	32	62.7%	12	23.5%	7	13.7%
Harford	227	107	47.1%	26	11.5%	94	41.4%
Howard	99	31	31.3%	21	21.2%	47	47.5%
Kent	11	10	90.9%	0	0.0%	1	9.1%
Montgomery	336	300	89.3%	13	3.9%	23	6.8%
Prince George's	491	308	62.7%	61	12.4%	122	24.8%
Queen Anne's	20	7	35.0%	4	20.0%	9	45.0%
Saint Mary's	45	39	86.7%	2	4.4%	4	8.9%
Somerset	31	20	64.5%	5	16.1%	6	19.4%
Talbot	16	11	68.8%	1	6.3%	4	25.0%
Washington	241	214	88.8%	14	5.8%	13	5.4%
Wicomico	104	67	64.4%	21	20.2%	16	15.4%
Worcester	22	9	40.9%	8	36.4%	5	22.7%
Maryland	**7,602**	**5,635**	**74.1%**	**1,409**	**18.5%**	**558**	**7.3%**

(*Source:* SB 711 Report)

Table 2 below provides an in-depth view of the data on children in family foster care placements from adjacent jurisdictions, and provides information on the *type* of family foster placement that the children are utilizing. This may, in part, help to explain why children are not in family foster placements in their home jurisdiction.

This data highlights the challenge of insufficient placements in one jurisdiction, and the impact that it can have on other jurisdictions—a heavy volume of children who are placed in other jurisdictions. The most obvious example of this movement is Baltimore

City's impact on Baltimore, Anne Arundel and other surrounding counties. Less obvious is the Eastern Shore experience, where there is a lack of resources to keep children in their jurisdiction of residence for every type of placement, including family foster care.

Table 2: Number & Type of Foster Care Placements of Children from Adjacent Jurisdictions, 6/30/05

Foster Care Beds in Use By Children Coming from Adjacent Jurisdictions	Kinship Care	Foster Care		Treatment Foster Care	Individual Family Care	Total
		Restricted/Relative	Regular			
Allegany	0	0	1	3	0	**4**
Anne Arundel	28	37	35	44	0	**144**
Baltimore City	7	4	13	47	1	**72**
Baltimore County	160	231	201	317	1	**910**
Calvert	3	0	0	2	0	**5**
Caroline	0	0	5	2	0	**7**
Carroll	0	0	7	12	0	**19**
Cecil	5	2	4	2	0	**13**
Charles	1	1	5	14	0	**21**
Dorchester	2	1	0	12	0	**15**
Frederick	6	0	4	1	0	**11**
Garrett	0	0	2	10	0	**12**
Harford	1	3	6	16	0	**26**
Howard	5	1	7	8	0	**21**
Kent	0	0	0		0	**0**
Montgomery	3	1	4	5	0	**13**
Prince George's	13	0	18	30	0	**61**
Queen Anne's	0	0	2	2	0	**4**
Saint Mary's	0	0	1	1	0	**2**
Somerset	0	0	0	5	0	**5**
Talbot	0	0	0	1	0	**1**
Washington	0	2	2	10	0	**14**
Wicomico	4	1	7	9	0	**21**
Worcester	1	1	2	4	0	**8**
Maryland	239	285	326	557	2	1,409

(*Source:* SB 711 Report)

When large numbers of children are placed into an adjacent jurisdiction, non-adjacent jurisdiction, or other state, there can be a considerable impact on the community. This is particularly true in the case if the children are heavily concentrated in a few select zip codes or school districts. A high volume of children with specialized needs can be taxing on a local mental health delivery system and school system. There is also a human impact when children's parents cannot easily access transportation to visit with their children.

Discussion of Need for Additional Family Foster Care Placements

As of June 30, 2005, there were 3,082 foster homes in the State. In Maryland, as in many states, there is a shortage of family foster homes available. According to DHR, the State needs to focus on broadening the diversity of resource home options.

Examples of recruitment targets for family foster homes statewide include: younger adults and families; people willing to provide homes for boys of all ages and teenage girls; people willing to foster teenage mothers and their babies; people willing to parent sibling groups; people willing to parent children with substantial medical and emotional needs; people willing to foster on an emergency basis; and prospective parents willing to provide respite care for foster and adoptive parents. See DHR's Recruitment Plan for detailed information (http://www.dhr.state.md.us/ssa/pdfs/recruitmentplan.pdf).

There is clearly a significant recruitment issue impacting the central portion of the State. Baltimore City is utilizing all of its existing resources to their fullest capacity—97.4% of the family foster home beds in the City are in use by children from Baltimore City. There are simply insufficient family foster homes in Baltimore City to serve all of the children who need them. As a result, children are placed in adjacent jurisdictions, most frequently into Baltimore County, but into Anne Arundel, Harford, Howard and other counties as well. This has the effect of displacing children from Baltimore County into those jurisdictions that are adjacent to it, with the impact of displacing *those* children from *their* home jurisdictions. *The displacement of children from Baltimore City into surrounding jurisdictions has a critical impact on the central region, which, in turn, has an impact on regions throughout the State of Maryland.*

The lack of resources on the Eastern Shore also has a dramatic impact on the rest of the State. *There is evident need for additional family foster homes on the Shore.*
In January 2006, the Maryland Department of Human Resources Office of Planning conducted a survey of the LDSS. Each LDSS was ask to quantify and prioritize their needs (high or medium), in the categories of regular family foster care, treatment foster care, group home, therapeutic group home, shelter care, respite care, adoptive homes, and specialized placements[1]. The information below (Table 3) focuses only on those placement types that fall into the category of Family Foster Care. Please see the appendix for the full survey, which includes specific characteristics of the children that the LDSS are seeking to place.

[1] This information *must be considered a rough estimate of the need.* Additionally, some "bed needs" may actually be representative of number of *homes* needed, particularly under adoptive homes when sibling groups are referenced. DHR and the local departments of social services have begun discussing improved methodology for future analyses, and have agreed on the need for a systematic approach to the assessment of needs

Table 3: Foster Care Placements Needed, January 2006
(Bold=High Priority Needs, according to LDSS)

Jurisdiction	Beds Needed		
	Foster Care	Treatment Foster Care[2]	Adoptive[3]
Allegany County	12	4	4
Anne Arundel County	**15**	**15**	---
Baltimore City	**45-65**	**50-65**	**500**
Baltimore County	**100**	**25**	20
Calvert County	---	---	---
Caroline County	**7**	5	4
Carroll County	---	**# unknown**	---
Cecil County	**11**	**6**	**2**
Charles County	**14**	---	**19**
Dorchester County	5	10	5
Frederick County	**10-25**	**7**	**10**
Garrett County	---	2	---
Harford County	3	**2**	3
Howard County	10-25	**10-15**	5
Kent County	4	2	2
Montgomery County	60	10	# unknown
Prince George's County	**25**	**25**	---
Queen Anne's County	---	---	---
Saint Mary's County	26	**20**	4
Somerset County	**15**	**3**	**5**
Talbot County	---	---	---
Washington County	10	9	10
Wicomico County	---	---	---
Worcester County	**# unknown**	# unknown	**3**
Maryland	**220-290**	**173-218**	**596-615**

(*Source:* DHR LDSS Survey of Bed Need)

The Department of Human Resources has set a target of recruiting an additional 154 foster homes, or 4% of the current 3,082, by December 2006. The Children's Cabinet's plan to recruit and retain family foster homes, led by DHR and the LDSS, is multi-faceted and includes the following:

- Increasing public awareness of the need for family foster homes, through public service announcements, billboards, partnering with community and faith-based organizations, and other marketing techniques;
- Providing additional supports to current foster parents through
  - Increasing the foster care board rate (the monthly stipend to assist in covering food, clothing, housing, and other costs) by $100, the first increase in 15 years;
  - Additional training; and,
  - The re-establishment of the Foster Parent Association;

[2] Independent living programs are licensed separately from family foster homes; however, youth may participate in an independent living program without being formally enrolled in a residential independent living program.

[3] Please recall that Maryland dually certifies homes as both regular foster and adoptive; some of these data may be duplicative with the data above under regular foster homes. Some jurisdictions may have included the beds in with their regular foster bed need, and, therefore, are not listed at all in this section.

- Offering a $150 incentive to current foster parents who recruit new foster parents; and
- Providing $1 million in new FY 2007 funds to local jurisdictions through the Local Management Boards to assist in the creation of additional community-based placements, which may include treatment foster care.

Out-of-Home Resources: Community-Based Residential Placements

Community-based residential placements is the second largest category of out-of-home placements for children. On June 30, 2005, 2,533 children were in this type of placement. Nearly 80% of the children in community-based residential placements were placed by DHR/LDSS and DJS accounts for almost 18% of the remaining placements. The Developmental Disabilities Administration (DDA) placed 2.5% of the children. The Department of Health and Mental Hygiene (DHMH)/Mental Hygiene Administration (MHA) was the lead agency for 2 children, and the Maryland State Department of Education (MSDE) funded the placement of 6 children (Governor's Office for Children, 2006). Only 51% of children in community-based residential placements were placed in their home jurisdictions.

Terms & Definitions

"Community-Based Residential Placements," most of which are licensed as Residential Child Care Programs, are commonly referred to as group homes, and those terms will be used interchangeably in this report, but, in fact, this placement category covers a wide range of residential programs. "Residential Child Care Program" is defined in COMAR 14.31.05.02 as:

(a) "Residential child care program" means an entity that provides care for children 24-hours-per-day within a structured set of services and activities that are designed to achieve specific objectives relative to the needs of the children served, including the provision of:
   - (i) Food;
   - (ii) Clothing;
   - (iii) Shelter;
   - (iv) Education;
   - (v) Social services;
   - (vi) Health;
   - (vii) Mental health;
   - (viii) Recreation; or
   - (ix) Any combination of these services and activities.

(b) "Residential child care program" includes residential services for children in:
   - (i) Residential facilities for children with developmental disabilities;
   - (ii) Child care homes;
   - (iii) Child care institutions;
   - (iv) Therapeutic group homes; and
   - (v) Group homes.

All residential child care facilities are licensed under COMAR 14.31.05 and .06. Some programs that served specialized populations are subject to additional regulations under COMAR 14.31.07. Additional definitions can be found in the appendix.

In addition, Independent Living programs licensed as Child Placement Agencies *are* considered to be part of this category. *"Private independent living program"* means a program that provides services and supervision for children who live in their own apartment (COMAR 07.05.04.02).

Need for Community-Based Residential Placements
Most of the children in group homes are unable to remain at home due to abuse, neglect, or other family circumstances. The majority of these children have previously been placed in regular foster homes or treatment foster homes without success. In situations where children have been hospitalized, or placed in a residential treatment center or a committed facility, group home placements can serve as a step down to a less restrictive environment before returning home.

Existing Community-Based Residential Placement Capacity: June 30, 2005.
The following analysis starts with the numbers of *placements by jurisdiction*, regardless of the origin of children placed in any given jurisdiction. This analysis focuses solely Community-Based residential placements in Maryland, as the expectation is that these kinds of placements should be available within each jurisdiction, or at least within a multi-county region for certain types of specialized settings such as diagnostic shelters The following table is intended to provide a minimum estimate of the community-based residential placement capacity in Maryland. The table does not look at licensed capacity or contract capacity, but rather the placed population on June 30, 2005.

Table 4: Number & Percent of Community-Based Residential Placements in Use, 6/30/05

Jurisdiction	Beds filled in each jurisdiction	Beds filled with children from home jurisdiction		Beds filled with children from adjacent jurisdiction		Beds filled w/ children from non-adjacent jurisdictions OR other states	
		Number	Percent	Number	Percent	Number	Percent
Allegany	46	8	17.4%	15	32.6%	23	50.0%
Anne Arundel	85	32	37.6%	37	43.5%	16	18.8%
Baltimore City	827	723	87.4%	51	6.2%	53	6.4%
Baltimore County	521	144	27.6%	317	60.8%	60	11.5%
Calvert	9	9	100.0%	0	0.0%	0	0.0%
Caroline	0	N/A	N/A	N/A	N/A	N/A	N/A
Carroll	58	4	6.9%	10	17.2%	44	75.9%
Cecil	17	9	52.9%	0	0.0%	8	47.1%
Charles	17	4	23.5%	8	47.1%	5	29.4%
Dorchester	27	2	7.4%	5	18.5%	20	74.1%
Frederick	124	23	18.5%	27	21.8%	74	59.7%
Garrett	7	5	71.4%	0	0.0%	2	28.6%
Harford	26	18	69.2%	5	19.2%	3	11.5%
Howard	41	4	9.8%	19	46.3%	18	43.9%
Kent	9	1	11.1%	3	33.3%	5	55.6%
Montgomery	205	123	60.0%	23	11.2%	59	28.8%
Prince George's	283	96	33.9%	39	13.8%	148	52.3%
Queen Anne's	0	N/A	N/A	N/A	N/A	N/A	N/A
Saint Mary's	4	2	50.0%	2	50.0%	0	0.0%
Somerset	6	5	83.3%	0	0.0%	1	16.7%
Talbot	0	N/A	N/A	N/A	N/A	N/A	N/A
Washington	111	40	36.0%	25	22.5%	46	41.4%
Wicomico	27	12	44.4%	5	18.5%	10	37.0%
Worcester	8	1	12.5%	0	0.0%	7	87.5%
Maryland	2,458	1,265	51.5%	591	24.0%	602	24.5%

(*Source:* SB 711 Report)

Much like the data on family foster care, these data highlight the significance of insufficient placements in one jurisdiction, and the impact that it can have on other jurisdictions. For Community-Based Residential Placements, just over half of the children (51.5%) were placed in their home jurisdiction; among the rest, half of the children (24%) placed were from an adjacent jurisdiction, the other half (24.5%) came from non-adjacent jurisdictions or other states. With the exception of Baltimore City and the counties of Calvert, Garrett, Harford and Somerset, which had over two-thirds of their beds filled with their own children, there is a clearly documented heavy volume of children who are placed from adjacent jurisdictions, non-adjacent jurisdictions, or other states.

Another useful way to view the June 30, 2005 data used for the SB711 report is to divide Maryland into five areas, as the DHMH Vital Statistics Administration does for its annual reporting:

- **Baltimore Metropolitan Area:** Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, and Baltimore City
- **Eastern Shore:** Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, and Worcester County,
- **Northwest Area:** Allegany County, Frederick County, Garrett County, Washington County
- **National Capital Area:** Montgomery County and Prince George's County
- **Southern Area:** Calvert County, Charles County, and Saint Mary's County

Figures have been developed indicating the percent of children originating from each area and placed into community-based residential placements *outside* of their area (Table 5). Among these areas, Southern Maryland and the Eastern Shore both have over 60% of their children placed into community-based residential placements entirely outside of their respective regions.

Table 5: Percent of Children in Community-Based Residential Placements Not Placed in Area of Origin, 6/30/05

Area of Origin	Percent Not Placed in Area of Origin
Baltimore Metropolitan Area	19%
Eastern Shore	62%
Northwest Area	28%
National Capital Area	32%
Southern Area	72%

(*Source:* derived from data used in SB 711 Report)

Based on data concerning the Residential Child Care Programs licensed by DHR, DJS, and DHMH, Table 6 presents the number of programs by jurisdiction.

Table 6: Maryland Licensed Residential Child Care Programs, by Jurisdiction & Licensing Agency (March 2006)[4]

Jurisdiction	DHMH	DHR	DJS*	Total	Percent
Allegany County	0	0	2	**2**	0.5%
Anne Arundel County	10	5	0	**15**	4.1%
Baltimore County	31	39	2	**72**	19.5%
Baltimore City	11	78	4	**93**	25.1%
Calvert County	1	2	0	**3**	0.8%
Caroline County	0	2	0	**2**	0.5%
Carroll County	0	1	4	**5**	1.4%
Cecil County	8	0	0	**8**	2.2%
Charles County	1	3	0	**4**	1.1%
Dorchester County	0	0	2	**2**	0.5%
Frederick County	0	5	0	**5**	1.4%
Garrett County	0	1	0	**1**	0.3%
Harford County	3	3	0	**6**	1.6%
Howard County	7	7	0	**14**	3.8%
Kent County	0	0	1	**1**	0.3%
Montgomery County	34	15	1	**50**	13.5%
Prince George's County	40	24	1	**65**	17.6%
Queen Anne's County	0	0	0	**0**	0.0%
St. Mary's County	0	0	0	**0**	0.0%
Somerset County	0	0	0	**0**	0.0%
Talbot County	0	0	0	**0**	0.0%
Washington County	3	13	0	**16**	4.3%
Wicomico County	3	1	1	**5**	1.4%
Worcester County	1	0	0	**1**	0.3%
Maryland	153	199	18	370	100.0%

(*Source:* State Children Youth and Families Information System—SCYFIS Resource Directory database)

Discussion of Need for Additional Community-Based Residential Placements:

Based on the information presented above, a pattern of need for additional community-based residential placements emerges that has similarities to the need for additional family foster care placements. First, in central Maryland on June 30, 2005, Baltimore County and Prince George's County, two of the four jurisdictions with the greatest number of children in community-based residential placements (Table 4) and among the top four in number of group homes (Table 6), have fewer than 35% of those placements filled with children originating from their own counties. This statistic is indicative of the

[4] DJS count includes the Bowling Brook School and the Thomas B. O'Farrell Youth Center, which are not traditional "group home" programs. The DHMH count includes ALU's licensed by DDA and Therapeutic Group Homes licensed by MHA.

large impact of insufficient community-based residential placements among the jurisdictions in central Maryland.

Second, based on Table 5, there is evident need for Residential Child Care beds on the Eastern Shore and Southern Maryland. Of the four counties having no residential child care facilities in Maryland, three are Eastern Shore counties and one is in Southern Maryland. Although the number of children affected by the lack of community-based resources in the Eastern Shore and Southern Maryland is smaller in magnitude than the number of children affected in Central Maryland (440, based on those placed on June 30, 2005), it is sizable enough (nearly 140) to have an impact on group home placements across the rest of the State.

In addition to the foregoing review, DHR and DJS have compiled information on the children experiencing community-based residential placements. As mentioned previously, DHR conducted a preliminary survey among its local departments of social services; DJS used data from its ASSIST database to generate estimates of average daily bed need.

In January 2006, the Maryland Department of Human Resources Office of Planning conducted a survey of the LDSS. The information below (Table 7) focuses just on those placement types that fall into the category of Community-Based Residential Placements.

Common needs expressed by the local departments of social services throughout all regions of the State of Maryland included a greater capacity to serve:

- Sibling groups (particularly 3 or more children);
- Adolescents;
- Children with severe mental health and behavioral needs;
- Children who are aggressive, fire-setters, or sex offenders (including non-adjudicated);
- Teen parents/pregnant teens;
- Infants;
- Older teenagers who bounce from one placement to another;
- Older teens coming into care for the first time; and
- Children with developmental disabilities, and in particular those with a significant secondary diagnosis (e.g., mental illness, autism).

Table 7: Community-Based Residential Placements Needed, January 2006[5]

Jurisdiction	Beds Needed					
	ALU	Group Home	Independent Living	Respite	Shelter	TGH
Allegany County	---	10 young children	---	**5**	**3 - 5 diagnostic**	**4**
Anne Arundel County	---	---	**20**	---	4	**7**
Baltimore City	---	**45-60**	---	10	**10**	**25-30**
Baltimore County	**8**	---	---	---	**5**	25
Calvert County	---	---	---	---	---	---
Caroline County	---	**6 dually diagnosed ED/MR**	4	---	---	---
Carroll County	---	**10**	---	---	---	---
Cecil County	---	---	---	2	---	---
Charles County	---	3	---	3	**10**	---
Dorchester County	**6 female**	**5 dually diagnosed**	**5**	**10**	**5**	**6**
Frederick County	---	10 female	**20**	7	**10**	**5 under 10 years**
Garrett County	---	---	---	---	---	**1**
Harford County	---	**4**	---	1	**2**	2
Howard County	---	**60-80**	4	4	4	**4**
Kent County	---	---	---	5	---	**2**
Montgomery County	**40**	36 + 12 Sex Offender **8 Teen Mother**	---	**48**	**30 +** 8 diagnostic	**8**
Prince George's County	---	**12**	---	**6**	**6**	**12**
Queen Anne's County	---	---	---	2	**3**	**3**
Saint Mary's County	---	**3**	---	**17**	**5**	**10**
Somerset County	**10**	**5 sex offender**	---	**5**	**10 + 5 diagnostic**	10
Talbot County	---	---	---	---	---	---
Washington County	**3 medically fragile**	---	---	3	---	**6**
Wicomico County	---	---	---	---	---	---
Worcester County	---	---	---	---	---	---
Maryland	67	239-274	53	128	107 + 18 diagnostic	129

(Bold=High Priority Needs, according to LDSS)
(*Source:* DHR LDSS Survey of Bed Need)

On January 26, 2005, DJS utilized their database system, known as ASSIST, to generate the estimated average daily bed need, by jurisdiction, based on all Fiscal Year 2005 admissions, and the annual average daily population. Youth admitted more than once were counted more than once (Table 8).

[5] It should be noted that the bed needs identified in the following table are only rough estimates at this time. A number of counties appeared to have responded to the survey with one-day point in time information on placement needs and not their overall need for community-based residential placements.

Table 8: Jurisdictions with the Highest Number of DJS admissions into Group Homes, FY 2005[6]

Jurisdiction	Number Admissions (%)
Baltimore City	135 admissions (25%)
Montgomery County	65 admissions (12%)
Prince George's County	61 admissions (11%)
Wicomico County	33 admissions (6%)
Baltimore County	32 admissions (6%)
Frederick County	30 admissions (6%)

(*Source:* DJS ASSIST)

These six jurisdictions account for 66% of DJS's group home admissions in FY 2005. Only 24 group home beds were utilized in FY 2005 in Baltimore City, and only 12 of those beds were full of Baltimore City children. This implies a need for an additional 123 beds in Baltimore City. Additionally, only 1 out of 61 children from Prince George's County were placed in their home jurisdiction, and only 7 out of 33 children from Wicomico County were placed in their home jurisdiction. DJS estimates there to be a need for 343 group home beds in the State, based on utilization in FY 2005.

Plan to Develop Community-Based Residential Placements

Development of community-based residential services for children in Maryland has historically been a provider-driven process. Providers have largely been free to develop services of their choosing and locate them in areas most convenient or cost effective for them. Few, if any, incentives have been provided to promote the development of resources in jurisdictions where they are most needed. Further, until the publication of the SB 711 report (January 1, 2006), there were no comprehensive data on out-of-home placements containing the categorization of placements needed for this analysis. Consequently, certain areas of the state are oversaturated with group homes, while other areas lack the necessary resources to serve children in their home communities.

As part of its SOC framework, GOC will provide, through the LMBs, start up funds to providers who develop community-based residential services identified as a priority need in each jurisdiction. In Fiscal Year 2007 GOC will provide $1million to the LMBs through the Invitation to Negotiate (ITN) process for the purpose of providing start up funds to providers who develop community-based residential programs in jurisdictions with an identified need. Baltimore City, the Eastern Shore and the D.C. Metro area have been identified as priority areas. Baltimore County will not be able to compete for these funds due to the disproportionate number of group homes there, but will receive funds to offset costs associated with the number of out of jurisdiction children placed there.

While this bed development will initially result in an increase in the number of community-based residential programs, it is expected that over time a realignment of

[6] It should be noted that the following analysis is based on *actual* group home bed use, and *will not show any overall statewide surplus or deficit*—only the distribution of *existing* youth and beds (similar to the analysis provided in the SB 711 Part I Report).

resources will occur as homes are developed in under-served areas, eventually resulting in a reduction in the number of homes in oversaturated areas.

Out-of-Home Resources: Non-Community-Based Residential

Non-community-based residential placements are considered the most restrictive, long-term placements available for youth. Within Maryland, it is not expected that each jurisdiction should have non-community-based residential placements. Rather, a regional approach is desired, with access to these facilities available to all Maryland youth in need of this level of care.

<u>Terms and Definitions</u>
The following terms and definitions are taking from the Children's Cabinet's list of placement categories, mentioned throughout this document. These programs constitute the category of non-community-based residential placement:

Residential Treatment Center: A DHMH-licensed or operated program of active psychiatric treatment that is provided on a residential basis, under the direction of a psychiatrist, and in conformity with an individualized treatment plan. RTCs include private and public mental health facilities licensed and operated by DHMH for the residential treatment of severely emotionally disturbed children and adolescents.

Residential Education Facility (public and non-public, a.k.a. Residential School): A licensed residential facility that holds a certificate of approval by the Maryland State Board of Education to provide special education and related services for students with disabilities. REFs provide 24-hour care and supportive services to children in a residential setting such as the Benedictine School, the Linwood School, the Maryland School for the Blind, or the Maryland School for the Deaf.

State Residential Center (a.k.a. Intermediate Care Facility for the Mentally Retarded): Through the Department of Health and Mental Hygiene's Developmental Disabilities Administration, State Residential Centers are State-owned and –operated facilities for individuals with mental retardation.

Psychiatric Respite Program: A residential program licensed by DHR on hospital grounds in which children discharged from inpatient psychiatric hospitalizations receive transition services in anticipation of placement in a residential treatment or community-based setting.

Juvenile Detention Facility: A physically restricting facility, licensed by DJS, for the temporary care of children for the protection of themselves or the community while the court determines individual disposition.

Juvenile Commitment Facility: Physically or staff secure facility providing treatment services for children committed to DJS by the Court.

Long-Term Care Facility – Substance Abuse Treatment Program: A facility licensed by ADAA to provide a structured environment in combination with medium intensity treatment and ancillary services to support and promote recovery.

Who Gets Placed and Why Non-Community-Based Residential Placements are Needed

As the most restrictive long-term placement available, youth are only placed in non-community-based residential facilities if less restrictive, community-based services were not able to meet the child's needs. For all categories listed above, except for juvenile commitment facilities, only youth with psychiatric disorders, developmental disabilities/mental retardation, and/or substance abuse disorders are admitted to non-community-based residential facilities.

Residential treatment centers (RTCs) are long-term treatment programs, in which youth typically remain for several months to 1-2 years. Typically, a child is placed in an RTC after an escalation in behaviors dangerous to the child and/or others as well as several months (if not years) of outpatient psychiatric treatment and individual, group, and family therapy. Many children have also had several psychiatric hospitalizations, as their symptoms and behaviors escalate. The goals of RTC placement are to help the youth learn healthier ways of interacting with others, how to regulate their moods, and manage their psychiatric symptoms.

Typical diagnoses for children entering RTCs include:

- Bipolar Disorder,
- Oppositional Defiant Disorder,
- Conduct Disorder,
- Psychotic Disorder,
- Intermittent Explosive Disorder, and
- Major Depressive Disorder.

A majority of children also have concomitant disorders such as Attention Deficit Hyperactivity Disorder, Dysthymic Disorder, and learning disorders, but none of these disorders alone would require an RTC placement. Additionally, many children also have concomitant substance abuse or dependence disorders; these disorders can be treated during an RTC placement, but again, would not alone *require* an RTC placement—substance abuse disorders can be treated in either an in-patient substance abuse treatment facility or an outpatient program.

Existing Non-Community-Based Residential Placement Capacity

Table 9 below displays the count of children in Non-Community-Based Residential Placements on June 30, 2005, which represents a minimum estimate for the capacity. DJS placements in detention and commitment placements account for over half (52%) of the placements; DHR children comprise a quarter of the placements in this category (26%).

Table 9: Number of Youth in Non-Community-Based Residential Placements, 6/30/05

Placed in:	DHR	DJS	ADAA	DDA	MHA	MSDE	TOTAL
Home Jurisdiction	199	330	0	1	89	33	652
Adjacent Jurisdiction	114	236	2	0	33	47	432
Adjacent State	5	14	0	0	0	20	39
Non-Adjacent Jurisdiction or State	177	413	9	1	24	152	776
Total	**495**	**993**	**11**	**2**	**146**	**252**	**1,899**

(*Source:* SB 711 Report)

Approximately one-third (34%) of the all children placed in non-community-based residential placements are placed in their home jurisdiction, which makes sense as these placements are located regionally. Almost two-thirds of the children (65.7%), however, are placed in an adjacent jurisdiction or state, non-adjacent jurisdiction, or other state.

In relation to RTC capacity, Table 10 is a listing of Maryland RTCs. Currently, there are 12 RTCs located in the following geographic areas across the State: Baltimore Metropolitan Area (7), National Capital Area (3), Eastern Shore (1), Northwest Area (1), Southern Area (0).

Table 10: Existing RTC Capacity in Maryland

County	RTC	Number of beds	Population Served	
			Male/Female	Ages Accepted
Anne Arundel	Potomac Ridge at Anne Arundel	26	M/F	13-17.5
Baltimore City	RICA* Baltimore	45	M/F	12-18
	Woodbourne Center	54	M	12-17.2
Baltimore County	Berkeley and Eleanor Mann RTC Center	17 Lisa L. ** 17 non Lisa L.	M/F	12-17.5
	Chesapeake Treatment Center	29	M	15-20
	Good Sheppard Center	105	F	13-18
	Villa Maria	86	M/F	5-13
Dorchester County	Chesapeake Youth Center	44		
Frederick County	The Jefferson School	50	M/F	9-18
Howard County	Taylor RTC - Note: Closing 6/30/06	17	M/F	11-17
Montgomery County	Potomac Ridge Behavioral Health	83	M/F	13-18
	RICA Rockville	80	M/F	10-18
Prince George's County	RICA Southern Maryland	40	M	12-18

Sources:
- *Maryland Department of Health and Mental Hygiene (3/7/06).*
- *RTC websites and staff*

* RICA – Regional Institute for Children and Adolescents

** Lisa L. – Class action law suit (consent decree now closed) against Maryland for overextended length of stay in psychiatric hospitalization

<u>Discussion of Need for Additional Non-Community-Based Residential Placements</u>

Obscured so far in this discussion of children placed in out-of-home care are the children placed out-of-state. Many of these children are placed out-of-state in Non-Community Based Residential Placements as well as Community Based Residential Placements and are counted in the figures reported for those placement categories.

Maryland's need for additional resources for Non-Community Based Residential Placements, and also Community Based Residential Placements, centers on the needs of children in out-of-state facilities.

Out-of-State (OOS) Population
As of 1/30/06, there were over 200 youth placed in out-of-state placements (Table 11). In FY2005, June 30, 2005, there were only 171 youth placed out-of-state. The increase during FY2006 OOS placements is partly due to the closing of DJS' Hickey School, which was the only hardware-secure (locked) treatment facility in the state for juvenile offenders. DJS youth represent just under half (47%) of the children placed in OOS facilities; LDSS and Local School System (LSS)-funded children each share about a quarter of the OOS population (24% and 25%, respectively).

Table 11: Out-of-State (OOS) Placements for Maryland Children

OOS Placements, by Lead Agency	Number of MD Children in OOS Placements, 1/30/06
Core Service Agency (CSA)	2
Developmental Disabilities Administration (DDA)	1
Department of Juvenile Services (DJS)	96
Local Department of Social Services (LDSS)	50
Local School Systems (LSS)	51
Lead Agency data not entered	6
Total	**206**

(*Source:* SCYFIS LCC/SCC Module Database)

In order to reduce the number of youth in out-of-state placements, an expansion in both Non-Community and Community-Based Residential Placements is needed. Further analysis over the next year will allow the State to identify the specific types of community- and non-community-based placements needed to both return youth from out-of-state placements and to prevent further out-of-state placements.[7] Table 12 below identifies the out-of-state facilities used by Maryland on January 30, 2006.

Youth Populations needing Special Attention
Several categories of youth have been identified as difficult to place in in-state facilities and may be placed into an out-of-state facility:

1. Sex offenders (adjudicated & non-adjudicated)
2. Youth with a history of fire setting
3. Youth with a history of aggression and running away
4. Transition-aged youth
5. Low IQ/developmental disabilities

[7] Aggregate data on children in out-of-state placements are limited, and the State requires a more in-depth analysis of both the characteristics of the children placed out-of-state and the facilities that serve them prior to recommending specific increases or modifications in both community and non-community-based placements.

6. Juvenile offenders – need for locked/hardware secure

Table 12: Out-of-State Facilities where Maryland Children are Placed, 1/30/06[8]

Placement Category*	Facility	State	Placement Agencies	Number Placed
Child Residential and Day Treatment Facility	Summitt Academy	PA	DJS	2
Child Residential and Day Treatment Facility	Youth Services Agency	PA	DJS	2
Child Residential and Day Treatment Center	Cornell Abraxis	OH	DJS	3
Community Residential Facility	Clarinda Youth Corporation	IA	DJS	3
Facility for Delinquent Children and Youth	KidsPeace Mesabi Academy	MN	DJS	2
Hospital	Cumberland Hospital	VA	DSS	4
Residential School	Bancroft	NJ	LSS	5
Residential School	Camphill School	PA	LSS	1
Residential School	Center for Deafness	IL	LSS	1
Residential School	F.L. Chamberlain School/Residential Program	MA	LSS	1
Residential School	Florida Institute for Neurological Rehabilitation	FL	DSS	3
Residential School	Glen Mills School	PA	DJS, DSS	23
Residential School	Grafton School	VA	DSS, LSS	12
Residential School	Grove School	CT	LSS	1
Residential School	Heart Springs	KS	LSS	1
Residential School	Lake Grove School	CT	DSS	1
Residential School	National Children's Center	DC	LSS	10
Residential School within a Hospital and Group Home	Cumberland Hall – FHC	VA	LSS	2
Residential School/ Group Home/ Residential Child Care Facility/	AdvoServ	DE	DJS, DSS, LSS	17
Residential School/ Residential Child Care Facility	Bennington School	VT	DJS, DSS, LSS	12
RTC	Coastal Harbor	GA	DSS	2
RTC	Devereux	TX	DSS	1
RTC	Devereux Kanner	PA	LSS	1
RTC	The Pines (Portsmouth)	VA	DJS, DSS, DHMH	43
RTC	Whitney Academy	MA	DDA	1
School	Landmark School	MA	LSS (MSDE)	1
Wilderness Program	New Dominion School of Virginia	VA	DJS	1
Residential program**	Mollie Woods	PA	DSS	1
Residential program**	Woods Services	PA	DSS	1
Residential program**	Woodward	IA	DJS	1
Treatment facility**	CONCERN – Treatment Unit for Boys	PA	DJS	1
Category not available	Keystone	TN	DSS	1
Category not available	Keystone	OH	DSS	1
	OOS Facility not Entered into SCYFIS			36
	TOTAL			**198**

[8] As reported in data received by the Governor's Office for Children, as of 1/30/2006.

(*Source:* SCYFIS LCC/SCC Module Database)

* OOS placement category based on Maryland placement agency report of that facility's state license.
** OOS placement category based on information from facility's website.

Transition-aged youth (for this report, defined as youth over 17) are often denied in-state residential placement due to licensing requirements which prevent adults (defined as 18 years and older) from being placed with children (defined as 17 and under). While there are significant safety risks which necessitate this separation, an unfortunate outcome is a lack of high level of care placements for transition-aged youth. Several in-state RTCs will not admit youth over 17, as most would likely need continued treatment after 18, but would not be able to remain in placement at the RTC. Transition-aged youth involved with DJS, LDSS, and LSS are often placed out-of-state in order to receive needed treatment.

Youth with low IQ scores and developmental disabilities are often rejected from in-state facilities, as many of the programs offered require an IQ above 70. Community- and non-community-based programs that can serve youth with both mental health disorders and developmental disabilities are needed.

Out-of-Home Resources: Hospitalization

Although children may be hospitalized overnight for medical (somatic) treatment or admitted into an intermediate care facility for substance abuse treatment[9], the main focus of this section is on psychiatric hospitalization. At this time, only limited data and anecdotal information about the capacity and need for psychiatric hospitalization among children and youth have been analyzed by the Children's Cabinet, and *only* about those in State custody (with LDSS, DJS, or DHMH), leaving out the considerable number of children and youth who need and utilize psychiatric hospitalization through their private insurance[10].

<u>Terms and Definitions</u>
The following are the definitions for the placement types that fall into the category of "hospitalization:"

General Hospital: An institution that 1) has a group of at least five physicians who are organized as a medical staff for the institution; 2) maintains facilities to provide, under

[9] There is only one Intermediate Care Facility in Maryland, which served 973 youth in FY2005. Youth typically have a relatively short-term stay, as indicated by the total number of youth in the ICF at the end of FY2005: 97. (Source: FY05 JCR on Out-of-Home Placements & Family Preservation Services).
[10] State Children, Youth and Families Information System (SCYFIS) Psychiatric Hospitalization Tracking System for Youth (PHTSY), currently is used only by the 10 hospitals named in the Lisa L. class action lawsuit. PHTSY includes only two of the State-operated psychiatric hospitals. Another data source for all State-operated facilities is the data collected for the Joint Chairmen's Report (JCR) on Out-of-Home Placements and Family Preservation Services. Combining the JCR and PHTSY data sets would yield an incomplete picture, as a number of children in State custody are placed in private hospitals not participating in PHTSY. Additional data may be available for evaluation in the upcoming year.

the supervision of the medical staff, diagnostic and treatment services for two or more unrelated individuals; and, 3) admits or retains the individuals for overnight care,

Psychiatric Hospitalization

1. Free-Standing: Hospital that solely provides psychiatric care.
2. General Hospital Psychiatric Unit: Unit that provides psychiatric care in a regular, full service hospital

Intermediate Care Facility – Substance Abuse Treatment Program: A facility licensed by ADAA that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

<u>Who Gets Placed and Why Psychiatric Hospitalizations are Needed</u>
Youth (and adults) are placed in psychiatric hospitals to stabilize a psychiatric crisis. Admission criteria include suicidal or homicidal ideation, psychotic symptoms, or other clear danger to self/others. A majority of psychiatric hospitalizations are short-term, with the goal of stabilizing, not curing, the individual's symptoms.

<u>Existing Psychiatric Hospitalization Placement Capacity</u>
Information about Maryland's capacity of and the need for psychiatric hospitalization for children and youth requires improvement.

<u>Discussion of Need for Additional Psychiatric Hospitalization Placements</u>
This topic cannot be discussed without improved information.

<u>Plan to Develop Psychiatric Hospitalization Placements</u>
This discussion is pending the development of complete information.

Current Initiatives

This section provides an overview of two of the areas in which the Children's Cabinet is undertaking steps to improve Maryland's capacity to serve children and families (development of integrated local systems of care) and to improve accountability for Maryland's group homes (quality of out-of-home placements).

Invitation to Negotiate an Integrated Local Systems of Care

In May 2006, the Governor's Office for Children issued an Invitation to Negotiate (ITN) an Integrated Local Systems of Care (SOC) to the LMBs in the State of Maryland, on behalf of the Children's Cabinet. This ITN provides an opportunity for local jurisdictions through their LMB to build on their Local Access Plans to create a more integrated and accessible SOC for families that will improve child and family well-being.

Within the ITN, the State continues to promote the SOC philosophy and framework for children and youth, particularly those with or at-risk for intensive service needs. The ITN encourages LMBs to strengthen local capacity by developing structural changes that create better access to service and service coordination for all families through a "Local Access Mechanism;" provide accountable care coordination for children with the

most intensive multi-system needs through designated care management units or entities; employ the wraparound approach as a fundamental practice model in children's services; and develop new service capacity, particularly evidence-based and promising practices. The new FY 2007 budget available from the State for the various components of the integrated SOC is:

- Local Access Mechanisms: $1.8 million
  - Single Point of Access/No Wrong Door
  - Systems Navigation
- New "wraparound pilot sites": $500,000
  - Wraparound Pilot Sites that provide accountable care coordination for Community Medicaid Eligible children through designated care management units or care management entities.
  - Funding priority for new Wraparound pilot sites will be given to rural jurisdictions or regions with at least one rural partner.
- Resource Development for Community-Based Residential Placements: $1 million
  - Priority will be given to proposals for group homes in Baltimore City, the Eastern Shore and Prince George's and Montgomery Counties (D.C. Metro Region).

Responses to the ITN will be submitted by July 7, 2006, at which point they will be reviewed by a State Negotiating Team representing members of the Children's Cabinet and families. Negotiations will occur between the State Team and Local Teams through August and September 2006, and funds will be awarded in October 2006. The funding provided through the ITN is in addition to the pilot wraparound funding provided to Baltimore City and Montgomery County LMBs in FY 2006 and FY 2007.

Quality of Out-of-Home Placements

During FY2006, a number of initiatives have been undertaken to improve the quality of residential child care facilities. These include reform of the Single Point of Entry, implementation of strengthened regulations and standardization of licensing and monitoring tools and processes by the Resource Development and Licensing Committee, hiring of additional licensing monitors, and certification of program administrators. In addition, advance planning is underway to build an outcome evaluation system for group homes.

<u>Single Point of Entry (SPE)</u>

The Governor's Office for Children (GOC) serves as a single point of entry to prospective providers who wish to establish residential child care programs and current providers who wish to expand existing residential child care programs. Through this process, GOC coordinates the licensing process for youth residential care facilities for Maryland state child-serving agencies. In FY 2006, a new Manager was hired for the Single Point of Entry who has extensive experience in the provider community in the areas of program administration, quality improvement and regulatory compliance. In addition, all of the work associated with providing training sessions and proposal

submission has been automated in the State Children, Youth and Families Information System (SCYFIS).

The single point of entry process acts as the "gatekeeper" to an efficient and effective mechanism for licensing residential childcare facilities. This process assures that qualified providers and sound programs are identified and presented to the licensing agencies. Information regarding corrective actions and sanctions is shared between agencies that license or contract with a program, and other agencies that may place or otherwise serve a child in that program.

In FY 2006, the SPE training sessions were scheduled in different regions of the state in an effort to emphasize the particular needs of each region and to encourage potential providers to develop resources where they are needed most. In FY 2006 the number of attendees at Single Point of Entry sessions and the number of proposals submitted were double those figures for FY 2005. In FY 2005, nearly 50% of the reviewed proposals were sent to licensing. In FY 2006, however, only 7% of reviewed proposals were sent to licensing, largely due to a more rigorous review process.

<u>Resource Development and Licensing Committee (RDLC)</u>
The Resource Development and Licensing Committee is a standing committee of the Children's Cabinet and is staffed by GOC. This collaborative interagency committee consists of Children's Cabinet partners and representatives from the private sector. RDLC is responsible for providing a coordinated approach to the development and implementation of licensing and monitoring policy for community-based homes, and resource development. The committee also supports SPE through consultation from child-serving agencies that license group homes.

During FY 2005, the RDLC completed the revision of the "Core Regulations," which govern the licensing and program standards for all Residential Childcare Facilities (COMAR 14.31.05 and .06). In FY 2006, at the request of the Governor and also the Joint Committee on Children and Families, the RDLC began work on standardizing the licensing and monitoring processes for Residential Childcare Facilities.

<u>Additional Monitoring Staff</u>
In FY 2006, DHR created the new Office of Licensing and Monitoring (OLM), thus separating those functions from the Social Services Administration, which remains responsible for resource development and placement through the LDSS. In addition to hiring an Executive Director, OLM quadrupled the number of licensing coordinators from the previous year.

In FY 2006, the DJS doubled the number of licensing monitors within its Office of Professional Responsibility and Accountability.

<u>Certification of Program Administrators</u>
In FY 2006, Governor Ehrlich created the State Board for Certification Residential Child Care Administrators in accordance with Annotated Code of Maryland Article – Health

Occupations, Title 20. The Board consists of representatives from each of the State Agencies that licenses group homes and the Governor's Office for Children, as well as provider representatives and representatives from the general public. The Board is drafting regulations and contracting for the development of the certifying examination in preparation for the October 1, 2007 deadline for all program administrators to be certified.

Action Plan

There is a significant need for additional out-of-home placement resources throughout the State to support Maryland's continuum of care within the System of Care. Foster care, treatment foster care, group homes, and therapeutic group homes are resources that are in short supply yet are necessary to create a continuum of care when out-of-home placement is necessary, and adoptive homes are critical for those children who are unable to return home. The Children's Cabinet has also identified four predominantly under-served regions in terms of availability of community-based placements (e.g. group homes), based upon current data on out-of-home placements and utilization, as well as surveys of local departments of social services and the Department of Juvenile Services (DJS):

- Baltimore City
- Eastern Shore
- Montgomery and Prince George's Counties (aka DC Metro or National Capital Area)
- Southern Maryland

This section includes a summary of critical recommendations discussed so far, as well as a preview of the data development steps that will be taken for next year's State Resources Plan.

Recommendations

The following is a summary of actions recommended for each placement category. These recommendations are based on the reliable information currently available, as discussed in each section.

In summary, based on the data analysis, there appear to be inadequate out-of-home placements at the family foster care, community-based, and non-community based levels of placement, especially in certain areas of the State. In order to serve our children as close to home as possible, targeted increases in the out-of-home placement capacity is recommended.

Family Foster Care Placements

Recommendation—*Increase family foster care and adoptive placements in Baltimore City, Prince George's County, and the Eastern Shore*, as outlined in DHR's Recruitment Plan (http://www.dhr.state.md.us/ssa/pdfs/recruitmentplan.pdf).

Community-Based Residential Placements

Recommendation #1 – *Encourage the development of group homes in Central Maryland (particularly in Baltimore City, Howard County and Prince George's County) in order to realign capacity versus need from one jurisdiction to another.*

A critical indicator for marking progress will be that Baltimore County and Prince George's County demonstrate that the majority of its group home beds are filled by the children from those jurisdictions.

Recommendation #2 – *Encourage the development of group homes on the Eastern Shore and Southern Maryland.*

Regional needs may vary; however, the statewide needs for additional group homes based on the perspectives of local departments of social services include:

- Sibling groups (particularly 3 or more children);
- Adolescents;
- Children with severe mental health and behavioral needs;
- Children who are aggressive, fire-setters, or sex offenders (including non-adjudicated);
- Teen parents/pregnant teens;
- Infants;
- Older teenagers who bounce from one placement to another;
- Older teens coming into care for the first time; and
- Children with developmental disabilities, and in particular those with a significant secondary diagnosis (e.g., mental illness, autism).

<u>Non-Community Based Residential Placements</u>

Recommendation #1 – *Work closely with the providers to assure quality of placement for both Community and Non-Community Residential Based Placements.*

Recommendation #2 – *Support training to in-state RTCs to enhance the ability to serve difficult populations*, including sex offenders, youth with a history of fire setting, youth with a history of aggression and running away, transition-age youth, youth with low IQ/developmental disabilities, and juvenile offenders with the need for secure facilities.

Recommendation #3 - Expansion of RTC vendors should include treatment protocols, environmental frameworks, staff training, and population recognition.

Recommendation #4 - While assessing out of state providers, the State should enhance relationships with those with expertise for "difficult to serve" populations. These relationships could result in State partnerships that foster service bridges with existing State RTCs and may be instrumental in the development of satellite facilities in Maryland communities.

Recommendation #5—*In annual updates of the Resource plan include analysis of out-of-state placements*, both the characteristics of the children in out-of-state placement (diagnoses, age, gender, placement recommendation) and the characteristics of the out-of-state facilities (types of services provided, secure or not secure, etc).

<u>Hospitalizations</u>
Recommendation – *Improve data collection on both the capacity and need for psychiatric hospitalizations.*

Next Year's State Resource Plan—Data Development Agenda

To prepare for the July 1, 2007, State Resource Plan update, January 30, 2007, has been chosen as the point-in-time for the collection of complete capacity data for every OOH placement operating in Maryland. In addition to utilization data, data collected will include critical details such as the number and ages of children placed, the jurisdiction of origin, the placing agency, the DSM IV-TR diagnosis or other measure of risk level (as available), and the services provided. This data set will be more sophisticated than the data collected for SB711 (2004) and will yield information not only about the location of children who get placed (jurisdiction placed versus jurisdiction of origin), but also a picture of where capacity is filled. With this data over time, considerable analysis will be possible.

The purpose of the July 1, 2007, report is to focus more in-depth on capacity versus need for the out-of-home placement continuum. The hope is that this annual report will give a comprehensive picture of the State's efforts to "realign" out-of-home placements, both in terms of types of beds and location of beds. As the State and local jurisdictions realign beds, then more and more children, when they need an out-of-home placement, will be placed in or near their home jurisdiction.

Conclusion

The primary aim of this State Resource Plan is to ensure the short- and long-term well-being of children and their families through the identification and provision of quality services in a timely manner and in keeping with best practice models. Planning is, by necessity, a dynamic process and the challenge is to achieve the appropriate balance between a required level of stability and a capacity for change. Based upon the analysis of current information, the Resource Plan seeks to inform a process of realigning residential services so that they are more responsive to changes in the population, more able to serve children and adolescents in their communities, and flexible enough to provide intensive services when needed.

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Appendix A - Placement Categories

Out-of-Home Placement Categories

The following out-of-home placement categories have been created as part of the Children's Cabinet's Response to HB416 (2004), HB1146 (2004) and SB 711(2004). It should be noted that specific placements may focus on serving children based on age, gender and other client characteristics. All placements listed below are non-secure unless otherwise specified. Although Respite Care is specifically delineated as placements under categories II and III, many of the placement types can serve as respite placements for children. The definitions below are not to be used as regulatory definitions for the purposes of opening or operating a residential child care facility or other child placement. The definitions below exist for the purpose of a common language between child-serving agencies. Please see COMAR for regulatory definitions, specifically COMAR 07.02 and 07.05 for definitions of foster care and child placement agencies (including treatment foster care and independent living) and COMAR 14.31.05 for definitions of residential child care facilities.

I. Family Foster Care

A. Kinship Care: Continuous 24-hour care and supportive services provided for a minor child placed by a child placement agency in the home of a relative related by blood or marriage.

B. Regular Family Foster Care: Continuous 24-hour care and supportive services provided for a minor child placed by a child placement agency in an approved family home.

C. Treatment Foster Care: Continuous 24-hour care and intensive support services operated by a licensed child placement agency or local department of social services in a family setting for children with serious emotional, behavioral, medical, and/or psychological conditions.

D. Individual Family Care Home: A private, single family residence which provides a home for up to three individuals with developmental disabilities who are unrelated to the care provider.

II. Community-Based Residential Programs

A. Independent Living: A program delivered by a child placement agency licensed under DHR under the child placement agency regulations for children 14 years of age or older who need to become self-sufficient and learn responsible living because of unlikelihood of returning home. The children will reside in either group homes, or supervised apartment units, and must enroll in high school, college, vocational training, or be gainfully employed.

B. General Service Group Home: A facility licensed by DHR, DJS, or MHA/DHMH to provide out-of-home care for four or more children, depending on licensing agency, who need more structure and supervision than a relative, foster parent, or treatment foster parent could offer, with a formal program of basic care, social work and health care services.

C. General Service Group Home Serving Children With Special Characteristics: A facility licensed by DDA/DHMH, DHR, DJS, or MHA/DHMH to provide out-of-home care for four or more children, depending on licensing agency, who need more structure and supervision than a relative, foster parent, or treatment foster parent could offer, with a formal program of basic care, social work and health care services. The facilities specifically provide services for the following characteristics:
   1. *Aggressiveness*: (Definition pending)
   2. *Sex Offending*: (Definition pending)
   3. *Fire Starting*: (Definition pending)
   4. *Runaway*: Children who have left their residence and are in need of temporary/short-term shelter and support services. Admission is on a voluntary basis.
   5. *Medically Fragile*: Children who have medical conditions that are potentially life threatening (see COMAR 01.04.08.07). The care provided to the children must require 24-hour nursing care provided by an R.N. or L.P.N.
   6. *Teen Mother/Pregnant/Mother-Infant*: Pregnant children and/or children with infants in need of comprehensive care and services.
   7. *Addictions*: (Definition pending)

D. Group Home with Specialized License
   1. *Therapeutic Group Home*: A facility for children in out-of-home care that is licensed by MHA and must be a non-profit organization. It provides residential care, as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents who have a diagnosed psychiatric disorder.
   2. *Shelter Care*: A facility licensed solely for the temporary care of children on an emergency basis for not more than a set period of time (60 or 90 days).
   3. *Respite Care*: Temporary care (up to 30 days) provided in a facility licensed with the purpose of providing relief to the caregiver, regulating or changing a child's medication or treatment plan, or providing care while a child is awaiting permanent placement.
   4. *Program for Children with Developmental Disabilities*: A facility licensed by DDA to provide 24-hour supervision, and provide residential services for children who, because of a developmental disability, require specialized living arrangements.

III. Non-Community-Based Residential Programs

A. Residential Treatment Center: A DHMH-licensed or operated program of active psychiatric treatment that is provided on a residential basis, under the direction of a psychiatrist, and in conformity with an individualized treatment plan. Includes mental health facilities licensed and operated by DHMH for the residential treatment of severely emotionally disturbed children and adolescents.

B. Residential Education Facility (public and non-public, a.k.a Residential School): A licensed residential facility that holds a certificate of approval by the Maryland

State Board of Education to provide special education and related services for students with disabilities. Provides 24-hour care and supportive services to children in a residential setting or the Benedictine School, the Linwood School, the Maryland School for the Blind, or the Maryland School for the Deaf.

C. State Residential Center (a.k.a Intermediate Care Facility for the Mentally Retarded, licensed by DDA): A State-owned and –operated facility for individuals with mental retardation.

D. Psychiatric Respite Program: A residential program licensed by DHR on hospital grounds in which children discharged from inpatient psychiatric hospitalizations receive transition services in anticipation of placement in a residential treatment or community-based setting.

E. Juvenile Detention Facility: A physically restricting facility, licensed by DJS, for the temporary care of children for the protection of themselves or the community while the court determines individual disposition.

F. Wilderness Program: A DJS-licensed program in which facilities and activities are related to nature as much as possible in a site that is left essentially in its natural state, and where living and program quarters and activities are integrated into the natural environment.

G. Juvenile Commitment Facility: Physically or staff secure facility providing treatment services for children committed to DJS by the Court.

H. Long-Term Care Facility – Substance Abuse Treatment Program: A facility licensed by ADAA to provide a structured environment in combination with medium intensity treatment and ancillary services to support and promote recovery.

IV. Hospitalization

A. General Hospital: An institution that 1) has a group of at least five physicians who are organized as a medical staff for the institution; 2) maintains facilities to provide, under the supervision of the medical staff, diagnostic and treatment services for two or more unrelated individuals; and, 3) admits or retains the individuals for overnight care.

B. Psychiatric
   1. *Free-Standing*: Hospital that solely provides psychiatric care.
   2. *General Hospital Psychiatric Unit*: Unit that provides psychiatric care in a regular, full service hospital

C. Intermediate Care Facility – Substance Abuse Treatment Program: A facility licensed by ADAA that provides a planned regimen of 24-hour professionally

directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

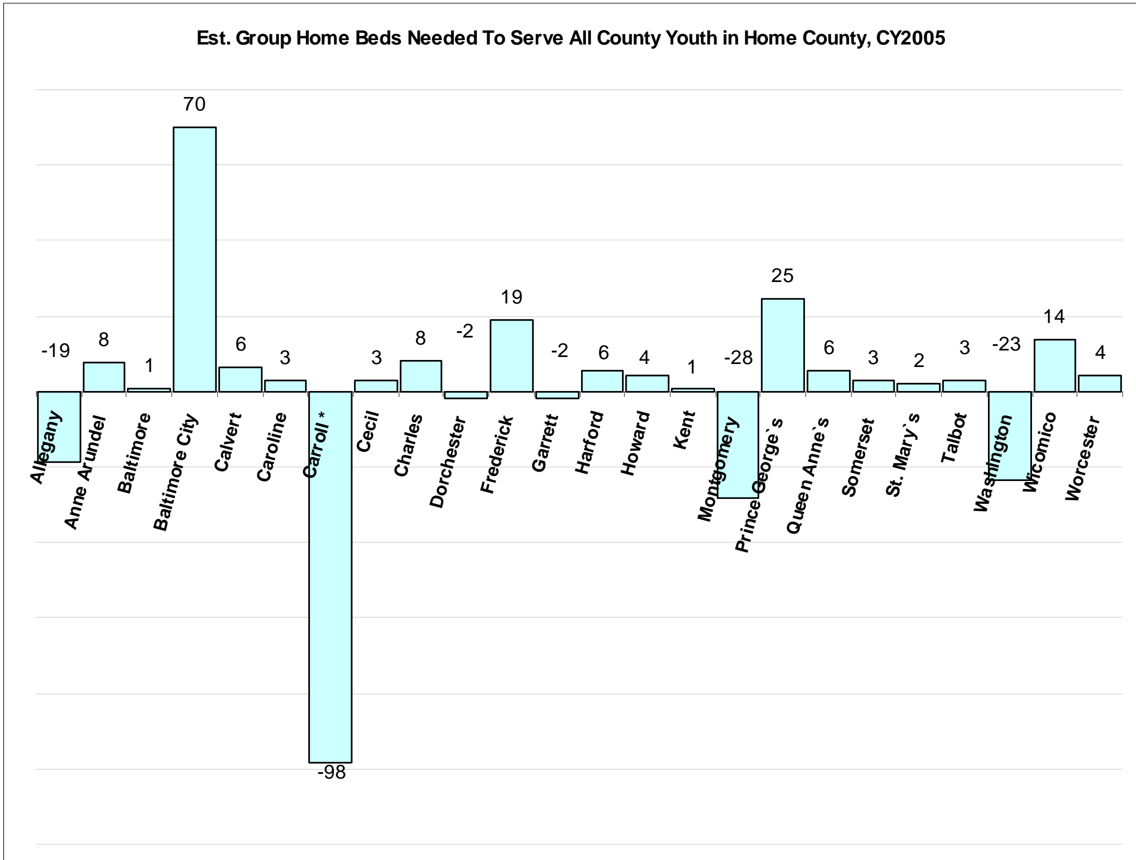
Appendix B - DJS Group Home Utilization Data

DJS Group Home Admissions CY2005

Estimated average daily bed need by County based on all FY admissions, and annual average daily population.
Source: DJS ASSIST 1/25/06

	FY2005						ADP****:		343
	Youth Admissions to GH's From this County *		Youth Admissions to Home County**		Youth Admissions to GH's In this County***		Estimated Average Daily Population****		Estimated County
	Admissions	Percent	Admissions	Percent	Admissions	Percent	Youth From County	Youth in County GHs	Bed Need:
Total	545	100%	76	14%	545	100%	343	343	NA
Allegany	7	1%	1	14%	37	7%	4	23	-19
Anne Arundel	41	8%	3	7%	29	5%	26	18	8
Baltimore	32	6%	6	19%	31	6%	20	20	1
Baltimore City	135	25%	12	9%	24	4%	85	15	70
Calvert	10	2%	0	0%	0	0%	6	0	6
Caroline	5	1%	0	0%	0	0%	3	0	3
Carroll *	21	4%	5	24%	177	32%	13	111	-98
Cecil	5	1%	0	0%	0	0%	3	0	3
Charles	13	2%	0	0%	0	0%	8	0	8
Dorchester	3	1%	0	0%	6	1%	2	4	-2
Frederick	30	6%	0	0%	0	0%	19	0	19
Garrett	2	0%	1	50%	5	1%	1	3	-2
Harford	9	2%	0	0%	0	0%	6	0	6
Howard	8	1%	0	0%	1	0%	5	1	4
Kent	7	1%	2	29%	6	1%	4	4	1
Montgomery	65	12%	32	49%	110	20%	41	69	-28
Prince George`s	61	11%	1	2%	22	4%	38	14	25
Queen Anne`s	9	2%	2	22%	0	0%	6	0	6
Somerset	5	1%	0	0%	0	0%	3	0	3
St. Mary`s	3	1%	0	0%	0	0%	2	0	2
Talbot	5	1%	0	0%	0	0%	3	0	3
Washington	20	4%	0	0%	57	10%	13	36	-23
Wicomico	33	6%	7	21%	11	2%	21	7	14
Worcester	7	1%	4	57%	0	0%	4	0	4
Out of State	9	2%	0	0%	29	5%	6	18	NA

* Number of admissions to any group home of youth from this county. Youth admitted more than once are counted more than once.
** Number of admissions of youth from this county placed into a group home in their home county.
*** Number of admissions to group homes in this county from any county.
**** Average daily population based on length of stay for all releases during the fiscal year.
***** Estimated based on ADP broken out proportionally from admissions
Note: This study is only based on actual group home bed use, and will not show any overall statewide surplus or deficit, only the distribution of existing youth and beds.



NOTE: Carroll County includes Bowling Brook, a large school

Appendix C - Survey Results of Local Departments of Social Services

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Baltimore Metro Region **AA** = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds needed**	**Specific types of children and services they require**	**Most desirable location**
Regular family foster care	AA		15	The type of child/services they require varies but we'd like more foster homes to serve teens, teens with babies, and larger sibling groups	Our highest referrals come from Annapolis and Glen Burnie areas
	BCi		45-65	Large and Small Sibling groups; Adolescents ages 12-21 m/f; Specific placements for ages 0-5 m/f; mother/ infant placements	Baltimore City Metro Baltimore
	BCo		100	Our greatest need is for homes to foster babies and homes for teenagers; with respect to teens we are eager to reduce our reliance on group care	Baltimore County
		Ha	3	Teens, independent living, mental health diagnosis	Harford County
		Ho	10 homes	Family Foster Homes that can accept emergency placements for adolescents	Howard County
Treatment foster care	AA		15	Dually Diagnosed children – those with cognitive limitations and emotional disturbance/mental health issues as well as teen parents and sex offenders	Our highest referrals come from Annapolis and Glen Burnie areas
	BCi		50-65	Large and Small Sibling groups; Adolescents ages 12-21 m/f; Specific placements for ages 0-5 m/f; mother/ infant placements	Baltimore City Metro Baltimore

Maryland Department of Human Resources
Child Out-of-Home Placement Needs: Baltimore Metro Region

AA = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County

Type of placement needed	Priority H	Priority M	# of beds needed	Specific types of children and services they require	Most desirable location
	BCo		25	Baltimore County DSS is eager to build the capacity within the Agency's treatment foster home program to reduce reliance on purchased care; they are interested in developing homes for emotionally disturbed children. However, it appears that the Baltimore County community has been saturated by private providers.	Baltimore County
Treatment Foster Care	Ca		?	Male and female, age 12 and up.	
	Ha		2	Below 70 IQ, mental health diagnosis, ADHD, sexually acting out, teens	Harford County
	Ho		10 homes	Need bed space for teens and sibling groups	Howard County or adjacent
Group home	BCi		4-6	Group homes that serve older youth (17 and up)	Baltimore City Metro Baltimore
	BCi		40-50	Top priority! Group home for female adolescents with challenging behaviors	Baltimore City Metro Baltimore
	Ca		10	Male and female, age 12 and up.	
		Ha	2	Teens, mental health diagnosis, males & females	Harford County
		Ho	10 homes	Group homes effective with youth who often runaway, boys, girls, full range of services	Howard County
Therapeutic group home	AA		7	Top priority! Children with mental retardation, sexual acting out issues and aggression without having to pay the group home for a one-on-one!	Our highest referrals come from Annapolis and Glen Burnie areas

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Baltimore Metro Region **AA** = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds needed**	**Specific types of children and services they require**	**Most desirable location**
	BCi		25-30	Adolescents w/ criminal background; Dual Diagnosis (m/f); All children w/ DSM IV diagnosis (m/f); Drug treatment programs; Extreme Delinquent Behaviors; Medically Fragile children; Extreme Optional children. Need m/f ages 12 –17.	Baltimore City Metro Baltimore
		BCo	25	Receive many more recommendations for this level of care than we can fill, specifically for children ages 11+ with serious mental health issues accompanied by oppositional and aggressive behaviors	Baltimore County
Therapeutic group home	Ca			Male and female, age 12 and up. Children diagnosed with Autism	
		Ha	2	Below 70 IQ, ADHD, physically aggression	Harford County or adjacent
	Ho		3-4 beds	Group homes effective with youth who often runaway, boys, girls, full range of services	Needed statewide
Shelter care		AA	4		
	BCi		10	Top priority! Shelter Care (boys, girls) – 24/7 (Night and Weekends) Intake. Need overnight short-term shelters that are willing to accept runaway and difficult to place adolescents—both m/f ages 14 to 21.	Baltimore City only
	BCo		5	Emergency beds for girls and 24 hr. access for girls and boys	Baltimore County
	Ha		2	Low I.Q.'s (below 70), behavior problems, teens	Harford County

Maryland Department of Human Resources **Child Out-of-Home Placement Needs: Baltimore Metro Region** **AA** = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds needed**	**Specific types of children and services they require**	**Most desirable location**
	Ho		3 beds	Group homes effective with youth who often runaway, boys, girls, full range of services	Howard County
Respite care	BCi		10	Foster Parent Respite care providers who are specifically trained to manage children with special needs (24/7).	Baltimore City
		BCo		Additional bed space is needed for children awaiting RTC placements; also respite for sexual offenders awaiting RTC placements (currently unavailable)	Baltimore County or adjacent
	Ha		1	Below 70 IQ, mental health diagnosis, physical aggression	Harford County
Respite Care		Ho	5	Respite care	Howard Care
Adoptive homes	BCi		500	Sibling groups all ages emphasis on older children; Children with special needs i.e., developmental delayed, medically fragile, and adolescents ages 12 + (m/f).	State of Maryland
		BCo	20	We need high risk adoptive homes for children with developmental delays, particularly when accompanied by behavioral challenges that include aggression; also adoptive homes for older seriously emotionally disturbed children leaving residential treatment centers	While Baltimore County would be most desirable, regional or statewide would work as well!
		Ha	3	Sibling groups	Harford County
		Ho	5 beds	Need to accept difficult/ multi-problem children, abused/ neglected children, older teenagers	Howard County

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Baltimore Metro Region **AA** = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County					
Type of placement needed	**Priority** **H**	**M**	**# of beds needed**	**Specific types of children and services they require**	**Most desirable location**
Specialized placements	AA		20	Top priority! Supervised Independent Living Programs - Current Independent Living programs are not structured enough-they leave youth alone in apts. without much support. Many youth who need these programs also have a child of their own. We need these programs locally.	Anywhere in Anne Arundel County
	BCi		25-30	Specialized placements for youth with challenging mental health needs (e.g., awaiting Residential Treatment Center – RTC – placements, or transitioning out of in-patient placements or from Diagnostic Treatment Centers, and needing community placements) Ages 10-18 (m/f).	State of Maryland
	BCi		5-10	Placements for CINA (Child in Need of Assistance) youth with developmental disabilities, developmental delays, low IQ, and/or autism ➢ Specialized placements for sexually-offending youth ➢ Placement settings that serve aggressive youth ➢ Placements that serve youth with histories of: ▪ suicidal ideation ▪ fire-setting ▪ drug use/distribution ➢ Placements that serve youth with extreme obesity ➢ Placements that serve trans-gendered youth ➢ Placements that serve homosexual youth ➢ Any others types not previously described that require non-traditional placements (m/f).	Baltimore City

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Baltimore Metro Region **AA** = Anne Arundel, **BCi** = Baltimore City, **BCo** = Baltimore County, **Ca** = Carroll County, **Ha** = Harford, **Ho** = Howard County					
Type of placement needed	**Priority** **H**	**M**	**# of beds needed**	**Specific types of children and services they require**	**Most desirable location**
	BCo		8	Alternative Living unit - Resources for developmentally disabled children who also have mental health diagnoses and need staff intensive placements with appropriate supports (it recently took 10 months to move a child from a temporary diagnostic placement to an appropriate ALU)	Baltimore County!!!
	Ca		10	Residential Treatment Facility - Male and female, age 12 and up. Children diagnosed with Autism	
	Ha		2	Non-adjudicated sex offenders, dual diagnosis (developmentally disabled & mental health diagnosis)	Harford County or adjacent
		Ho	3	Need to accept difficult/ multi-problem children, abused/ neglected children, older teenagers	Howard County
Specialized placements		Ho	3-4 3-4	Independent Living programs/ Apartment program running full Placement for substance abusing adolescents, shelter beds in group facilities after hours and weekends	Howard County Howard County

Maryland Department of Human Resources Child Out-of-Home Placement Needs: DC Metro Region **M** = Montgomery County, **P** = Prince George's County					
Type of placement needed	**Priority H**	**Priority M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
Regular family foster care		M	60		Montgomery County
	P		25	Dire need for homes for teens and teens with children, sibling groups	Prince George's County
Treatment foster care		M	10	CWS program has the capacity for 35 families and is currently recruiting. Private agencies are also recruiting. However, their numbers fluctuate.	Montgomery County
	P		25	Need for treatment foster homes that provide the services contracted for and that offer services of high quality. Many treatment providers fall short of meeting the children's needs for basic care, much less specialized treatment. Need to provide drug screening and treatment	Prince George's County
Group home		M	12 16 12	Developmentally disabled youth Youth transitioning to adulthood Mentally ill youth	
	P		12	Girls group home with on grounds school. Access to substance abuse screening and treatment Provide alternative educational opportunities for youth who are suspended Strong sex education component	Prince George's County
Therapeutic group home	M		8	Resources for girls	

Maryland Department of Human Resources Child Out-of-Home Placement Needs: DC Metro Region **M** = Montgomery County, **P** = Prince George's County					
Type of placement needed	**Priority H**	**Priority M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	P		6 6	For girls For dual diagnosis youth and sex offenders Highly Trained Staff	Prince George's County
Shelter care	M		30	Need for more capacity for teens. When shelter beds were available in past years, up to 42 shelter beds at a time were utilized (DJS/CWS).	
	P		6	Need to accept pregnant or parenting teens, sex offenders	Prince George's County
Respite care	M		48	Locally, families could utilize respite on average of 4 homes per month which represents a pool of 48 respite resources needed.	
	P		6	With Psychiatric staff, ages 8-21 both sexes Interim placement for youth in transition to higher level of care	Prince George's County
Adoptive homes		M			
Specialized placements	M		40	Medically Fragile Group and/or Developmentally Disabled No current resources. CWS places approximately 40 medically fragile children each year in various settings.	
	M			Sibling group facility. Only one local resource (6 bed-group home)	
	M		8	Pregnant mother and child - No resources – could utilize a group home offering care for 8 pregnant teens/mothers and infants.	

Maryland Department of Human Resources Child Out-of-Home Placement Needs: DC Metro Region **M** = Montgomery County, **P** = Prince George's County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	M		20	In-patient substance abuse - No resources. CWS can refer up to 20 teens for inpatient treatment each year.	
	M		12	Sex offenders - Need higher capacity – another group home serving 12 youth.	
		M		Diagnostic center - Need greater capacity to assess undiagnosed youth, especially those unable to be maintained in group facilities.	

Maryland Department of Human Resources
Child Out-of-Home Placement Needs: Southern Maryland Region

Cal = Calvert County, **Ch** = Charles County, **St.M** = St. Mary's County

Type of placement needed	Priority H	Priority M	# of beds	Specific types of children and services they require	Most desirable location
Regular family foster care	Ch		14	Sibling groups (3 or more); infants; sex offenders; teen parents	Charles County
		St.M	26	We have 22 in RFC but could probably move at least 4 from TFC to RFC, if available. Needs: Sibling groups, accept teen males, DD/MR	St. Mary's County, adjacent or regional
Treatment foster care	Ch		7	Sex offenders; teen parents; special needs infants	Charles County
	St.M		20	Needs: Sex offenders, runaways, pregnant teens, sibling groups, children with major behavioral problems; families who may need to be paid at higher rate because only one child can be placed in home due to potential danger to other children from aggression or sexual predatory behavior.	St. Mary's County, adjacent or regional
Group home		Ch	3	Sex offenders; assaultive behavior	Charles County
	St.M		3	Our kids are mainly in TGH. Needs: Reg. Group homes for girls are hard to find sometimes, more in our area would be good So. MD)	St. Mary's County, adjacent or regional
Therapeutic group home		Ch	3	Sex offenders; assaultive behavior	Charles County
	St.M		10	Needs: Pregnant teens, DD, significant MR, major behavioral issues, runaways; combined diagnoses of mental retardation and mental illness.	St. Mary's County, adjacent or regional

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Southern Maryland Region **Cal** = Calvert County, **Ch** = Charles County, **St.M** = St. Mary's County					
Type of placement needed	**Priority** **H**	**M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
Shelter care	Ch		10	Sibling groups (3 or more); infants; teens	Charles County
	St.M		5	Needs: For 10-12 years old with mental health or mental retardation needs; older teens with substance abuse	St. Mary's County, adjacent or regional
Respite care		Ch	3	Sibling groups (3 or more); infants; teens	Charles County
	St.M		12	Needs: We could use at least 12 esp. for an autistic child and her sib, teen males, children with intensive behavioral and/or mental health issues. Also, medically fragile.	St. Mary's County, adjacent or regional
Adoptive homes	Ch		19	Sibling groups (3 or more); special needs children (both physical and emotional)	Charles County
		St.M	4	Needs: Teen minority males; sibling groups where one child has special developmental, physical, or mental health needs.	St. Mary's County, adjacent or regional
Specialized placements	St.M		3	Hospital - Needs: Hospital beds can lacking but the real need is for d/c resources when hospital says child is ready but child continues to have intensive needs and no place is available or willing to take child, especially w/ short notice.	St. Mary's County, adjacent or regional
	St.M		5	Respite awaiting Residential Treatment Center - Needs: Young children and children with developmental issues.	St. Mary's County, adjacent or regional

Maryland Department of Human Resources **Child Out-of-Home Placement Needs: Western Maryland Region** **G**=Garrett County, **A**=Allegany County, **W**=Washington County, **F**=Frederick County					
Type of placement needed	**Priority** **H**	**M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
Regular family foster care		A	12	Teen sibling groups, drug affected newborns	Allegany County
		W	10	Children ages 10+, sibling groups, teenage parents, medically fragile, substance abuse	Washington County
	F		10 homes	Foster homes that accept children under age 10 with challenging behavior Need families who will accept and adopt older children, sibling groups of three or more, African-American children	Frederick County
Treatment foster care		G	2		Garrett County
		A	4	Pregnant or parenting teens, medically fragile	Allegany County
		W	6	Male and female ages 9 plus	Regional
	F		15 homes	Children with special needs Need families who will accept and adopt medically fragile children and children with severe behavioral/emotional problems	Frederick County
Group home		A	10	Younger children	Allegany County or adjacent
		F	10	Group home for female adolescents	Frederick County
		F	?	Group care (up to one year) placements for adolescents ages 17 and up	Frederick or adjacent county
Therapeutic group home	G		1	Therapeutic Group Homes that accept children under age 10;	

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Western Maryland Region **G**=Garrett County, **A**=Allegany County, **W**=Washington County, **F**=Frederick County					
Type of placement needed	**Priority**		**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	H	**M**			
				for child who is 7 with severe behavioral problems.	
Therapeutic group home	A		4	Sex offenders, aggressive behavior, fire setters	Allegany County or adjacent
		W	6	Male and female	Regional
		F	5	Therapeutic Group Homes that accept children under age 10 Currently referrals are for this age group are to St Vincent's Center in Baltimore	Frederick or adjacent county
Shelter care	A		3	Ages 12 and up	Home Jurisdiction- purchase beds for quick access
	F		10	Short-term/crisis care/shelter placements for adolescents ages 17 and up. Need 5 male and 5 female. Most referrals are to Stone Bridge in Washington County or Board of Child Care in Frederick and Baltimore Counties.	Frederick County
Respite care	A		5	Vacation assistance or regular respite	Allegany County
		W	3	Needed while agency is looking for an appropriate placement or to give foster parents a break therefore maintaining a placement.	Washington County or adjacent
		F	7	All ages	Frederick or adjacent county
Adoptive homes		A	4	Child-specific	Regional

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Western Maryland Region **G**=Garrett County, **A**=Allegany County, **W**=Washington County, **F**=Frederick County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
		W	10	Older youth and or sibling groups	Washington County, adjacent county or statewide
	F		10	Need families who will accept and adopt older children, sibling groups of three or more, African American children, and children transitioning from long term group/residential care	Frederick or adjacent county
Specialized placements	G		2	Youth with Dual Diagnosis	Within a reasonable distance from Garrett County to serve MR and mental illness.
	A		5	Diagnostic Center - Evaluation that is inpatient based	Allegany County
		A	7	Residential Treatment Center - Children ages 5-12 years	Allegany County to maximize family therapy option.
	W		3	Medically fragile - Newborn to 2yrs old with a tracheotomy or 'G' tube	Washington County
	W		1	Diagnostic Center	Regional
		F	5	Residential Treatment services for girls with moderate-to-severe behavioral and/or mental health needs Need is for additional program for children under 10 years	Frederick or adjacent county

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Western Maryland Region **G**=Garrett County, **A**=Allegany County, **W**=Washington County, **F**=Frederick County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	F		20	Independent Living Preparation Programs for transitioning youth	Frederick or adjacent county

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Upper Shore Region **Ca** = Caroline County, **Ce** = Cecil County, **K** = Kent County, **T** = Talbot County, **QA** = Queen Anne's County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
Regular family foster care	Ca		7	Boys and Girls age 6months to 8 years old, two sibling group of three and one individual child (low)	Caroline County
	Ce		11	Sibling groups, teens	Cecil County
		K	4	Siblings, teenagers	Kent County
Treatment foster care		Ca	5	Boys and Girls age 6months to 8 years old, two sibling group of three and one individual child (low)	Caroline County or adjacent
	Ce		6	Children with severe mental health problems ages 5-18, medically fragile infants (drug affected)	Cecil County
		K	2	Sex offender, independent living teenagers	
Group home				Boys, girls, in general as there are very few resources on the Eastern Shore of Maryland. We currently have no need in this area at this snapshot in time, but this is not always the case.	Caroline County, adjacent or regional
Therapeutic group home				Diagnostic Center - Boys, girls, in general as there are very few resources on the Eastern Shore of Maryland. We currently have no need in this area at this snapshot in time, but this is not always the case.	Caroline County, adjacent or regional
		K	2	Teenagers	Regional

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Upper Shore Region **Ca** = Caroline County, **Ce** = Cecil County, **K** = Kent County, **T** = Talbot County, **QA** = Queen Anne's County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	QA		3	Homes that include programs serving one on one services and educational component	Regional, preferably mid eastern shore region
Shelter care				Boys, girls – for emergency placements when we have no beds available	
				Boys and girls (Talbot County)	
	QA		3	Homes that include programs serving one on one services and educational component	Regional, preferably mid eastern shore region
Respite care		Ce	2	Sibling groups, severe mental health problems	Cecil County
		K	5	Sibling groups, independent living	Kent County, adjacent
		QA	2	Need for trained providers to care for mentally ill, emotionally disturbed, older children, male and female	Regional, preferably mid eastern shore region
Adoptive homes		Ca	4	Boys, ages 13 – 14	Anywhere!
	Ce		2	Sibling groups	Cecil County, regional
		K	2	Sibling groups	Kent County, adjacent
Specialized placements		Ca	4	Independent living – Boys and girls, ages 17-20 years old.	Caroline County or regional

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Upper Shore Region **Ca** = Caroline County, **Ce** = Cecil County, **K** = Kent County, **T** = Talbot County, **QA** = Queen Anne's County					
Type of placement needed	**Priority** **H**	**M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	Ca		6	CINA youth with developmental disabilities We have 5 children currently placed at CYC that will need Residential Placement Facilities if that facility closes in the near future as planned.	Regional
				Although our homes accept all races and ethnicity, we have only 2 African American homes and 0 Hispanic or Asian (Cecil County)	
				Youth with challenging mental health needs (e.g., awaiting RTC placements, or transitioning out of in-patient placements or from Diagnostic Treatment Centers and needing community placements CINA youth with developmental disabilities (Talbot County)	

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Lower Shore Region **D** = Dorchester County, **S** = Somerset County, **Wi** = Wicomico County, **Wo** = Worcester County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
Regular family foster care		D	5	Adolescents, teens, teen mothers with children	Dorchester County
	S		15	Caucasian homes are needed badly but we need more homes in general. Homes able to serve sibling groups of 2 or more would be also helpful Homes that could serve males and females are needed. Homes for children 10 and younger are desperately needed. The younger children are usually placed locally, however our teens are usually placed at great distance including "over the bridge". This often causes sibling groups to be separated especially the older siblings.	
	Wo		?	Homes are needed for older school aged children, adolescents, sibling group, medically fragile, children with significant mental health issues and those with a plan of independent living	
Treatment foster care		D	10	Teenagers with substance abuse and mental health issues, teen mothers with children	Dorchester County
	S		3	Homes needed to serve males and females. It is very difficult to place males, especially teens. Many of the homes have very sexualized teens and it is not appropriate to have both genders of treatment children in the same home. It would be helpful to have homes where one parent is available during the day to handle mental health and/or educational issues. We need homes to provide respite for the treatment level children we have in our public treatment foster care program.	
Treatment foster care		Wo		There are four primary treatment foster care programs that we utilize.	More treatment homes in Worcester County.

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Lower Shore Region **D** = Dorchester County, **S** = Somerset County, **Wi** = Wicomico County, **Wo** = Worcester County					
Type of placement needed	**Priority**		**# of beds**	**Specific types of children and services they require**	**Most desirable location**
	H	**M**			
Group home	D		6	Adolescent and teenage girls	Regional
	S		10	Needed for the lower Eastern Shore tri-county area. Male and Female. Reunification and keeping the children connected to their community is very difficult when there is a great distance to the placement.	
Therapeutic group home	D		6	Adolescent and teenage boys and girls	Regional
		S	10	Needed for the lower Eastern Shore tri-county area. Male and Female. Reunification and keeping the children connected to their community is very difficult when there is a great distance to the placement.	
Shelter care	D		5	Adolescents and teens, sibling groups	Dorchester County
	S		10	Needed for the lower Eastern Shore tri-county areas. Reunification and keeping the children connected to their community is very difficult when there is a great distance to the placement. It would be very helpful to have a locked program that could shelter runaway children for stabilization purposes and to shelter children entering the system in order to assess the best placement when we don't know the potential for runaway behavior.	
Respite care	D		10	Children ages 4 and up, males and females	Dorchester County
	S		5	Needed to assist with new law passed as well as to assist with providing respite services for the public treatment foster care program.	

Maryland Department of Human Resources Child Out-of-Home Placement Needs: Lower Shore Region **D** = Dorchester County, **S** = Somerset County, **Wi** = Wicomico County, **Wo** = Worcester County					
Type of placement needed	**Priority** **H**	 **M**	**# of beds**	**Specific types of children and services they require**	**Most desirable location**
		Wo	?	One private program offers out of home respite	
Adoptive homes		D	5	Older children, sibling groups, physical and developmental disabilities	Dorchester County
	S		5	Tri-county position was abolished. Need homes for children in Somerset County. We need adoptive homes for special needs children of all ages and specific recruitment for children over 5 years old.	
	Wo		3	Families are dually licensed but no family is adoption specific. Our need is for Adoptive families for sibling groups, medically fragile, special needs, adolescents	Worcester County
Specialized placements	D		5	Chronically mentally ill, physically disabled, dually diagnosed (mentally ill & developmentally disabled)	Regional
	D		5	Independent living for teens and young adults	Regional
	S		5	Sex offender treatment facilities - We need group home or residential treatment facilities to serve teen sex offenders. We have great difficulty placing non-adjudicated sex offenders. Reunification and keeping the children connected to their community is very difficult when there is a great distance to the placement.	

Maryland Department of Human Resources
Child Out-of-Home Placement Needs: Lower Shore Region

D = Dorchester County, **S** = Somerset County, **Wi** = Wicomico County, **Wo** = Worcester County

Type of placement needed	Priority		# of beds	Specific types of children and services they require	Most desirable location
	H	M			
	S		5	Diagnostic treatment centers - We need a diagnostic center on the Eastern Shore to help determine children's special needs that are not at the residential treatment level. Reunification and keeping the children connected to their community is very difficult when there is a great distance to the placement. This could also assist with runaway or initial placement of children in the foster care system.	
Specialized placements				Detoxification services, Diagnostic-Evaluative Psychological Services—All services current obtained on Western Shore (Worcester County)	Worcester County
				Programs are needed for sex offenders, adolescents, medically fragile (Worcester County)	

Appendix D - Group Homes by Zip Code

MARYLAND LICENSED RESIDENTIAL CHILD CARE PROGRAMS
TOTALS BY ZIP CODE AND LICENSING DEPARTMENT
MARCH 2006

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
20602	1	0	0	1	0.3	Charles County
20613	0	1	0	1	0.3	Calvert County
20622	1	0	0	1	0.3	Calvert County
20637	0	1	0	1	0.3	Charles County
20664	0	2	0	2	0.5	Charles County
20705	2	1	0	3	0.8	Prince George's County
20706	0	2	1	3	0.8	Prince George's County
20708	2	0	0	2	0.5	Prince George's County
20710	1	0	0	1	0.3	Prince George's County
20715	1	2	0	3	0.8	Prince George's County
20716	8	0	0	8	2.2	Prince George's County
20721	1	0	0	1	0.3	Prince George's County
20723	1	0	0	1	0.3	Howard County
20724	4	0	0	4	1.1	COMBINED- Anne Arundel and Prince George's
20735	1	2	0	3	0.8	Prince George's County
20736	0	1	0	1	0.3	Calvert County
20737	0	2	0	2	0.5	Prince George's County
20743	6	2	0	8	2.2	Prince George's County
20744	2	2	0	4	1.1	Prince George's County
20745	0	2	0	2	0.5	Prince George's County
20746	4	0	0	4	1.1	Prince George's County
20747	1	1	0	2	0.5	Prince George's County
20748	0	3	0	3	0.8	Prince George's County
20772	0	2	0	2	0.5	Prince George's County
20774	2	0	0	2	0.5	Prince George's County
20776	1	0	0	1	0.3	Anne Arundel County
20781	1	0	0	1	0.3	Prince George's County
20782	0	2	0	2	0.5	Prince George's County
20784	4	0	0	4	1.1	Prince George's County
20785	1	0	0	1	0.3	Prince George's County
20817	0	1	0	1	0.3	Montgomery County

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
20833	1	1	0	2	0.5	Montgomery County
20850	2	3	1	6	1.6	COMBINED - Frederick and Montgomery
20852	0	1	0	1	0.3	Montgomery County
20853	8	0	0	8	2.2	Montgomery County
20855	3	0	0	3	0.8	Montgomery County
20866	0	1	0	1	0.3	Montgomery County
20874	2	1	0	3	0.8	Montgomery County
20876	0	2	0	2	0.5	Montgomery County
20877	3	0	0	3	0.8	Montgomery County
20878	1	0	0	1	0.3	Montgomery County
20879	3	0	0	3	0.8	Montgomery County
20886	6	0	0	6	1.6	Montgomery County
20901	0	3	0	3	0.8	Montgomery County
20902	2	1	0	3	0.8	Montgomery County
20904	1	0	0	1	0.3	Montgomery County
20906	1	1	0	2	0.5	Montgomery County
20912	1	1	0	2	0.5	Montgomery County
21012	1	0	0	1	0.3	Anne Arundel County
21014	2	0	0	2	0.5	Harford County
21015	0	1	0	1	0.3	Harford County
21030	4	0	0	4	1.1	Baltimore County
21032	0	1	0	1	0.3	Anne Arundel County
21040	0	2	0	2	0.5	Harford County
21041	3	1	0	4	1.1	Howard County
21043	0	2	0	2	0.5	Howard County
21044	0	1	0	1	0.3	Howard County
21045	2	3	0	5	1.4	Howard County
21061	1	0	0	1	0.3	Anne Arundel County
21090	2	0	0	2	0.5	Anne Arundel County
21093	0	2	0	2	0.5	Baltimore County
21104	0	0	1	1	0.3	Carroll County
21108	1	0	0	1	0.3	Anne Arundel County
21114	0	2	0	2	0.5	COMBINED - Anne Arundel and Prince George's
21117	0	3	0	3	0.8	COMBINED - Baltimore City and Baltimore County

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
21122	0	1	0	1	0.3	Anne Arundel County
21123	1	0	0	1	0.3	Anne Arundel County
21133	11	7	1	19	5.1	COMBINED - Baltimore City and Baltimore County
21136	1	2	0	3	0.8	Baltimore County
21146	1	0	0	1	0.3	Anne Arundel County
21152	1	0	0	1	0.3	Harford County
21171	0	1	0	1	0.3	Carroll County
21201	0	2	1	3	0.8	Baltimore City
21202	0	2	0	2	0.5	Baltimore City
21204	1	1	0	2	0.5	COMBINED - Baltimore City and Baltimore County
21205	0	1	0	1	0.3	Baltimore City
21206	1	3	0	4	1.1	Baltimore City
21207	1	17	1	19	5.1	COMBINED - Baltimore City and Baltimore County
21208	3	6	0	9	2.4	COMBINED - Baltimore City and Baltimore County
21209	2	0	0	2	0.5	Baltimore City
21211	0	1	0	1	0.3	Baltimore City
21212	0	3	0	3	0.8	Baltimore City
21213	0	1	0	1	0.3	Baltimore City
21214	3	0	0	3	0.8	Baltimore City
21215	0	5	0	5	1.4	Baltimore City
21216	0	7	0	7	1.9	Baltimore City
21217	0	6	0	6	1.6	Baltimore City
21218	1	8	0	9	2.4	Baltimore City
21219	0	2	0	2	0.5	Baltimore County
21221	1	3	0	4	1.1	Baltimore County
21225	0	1	0	1	0.3	Baltimore City
21228	3	5	1	9	2.4	COMBINED - Baltimore City and Baltimore County
21229	0	3	1	4	1.1	Baltimore City
21231	0	3	0	3	0.8	Baltimore City
21234	2	1	1	4	1.1	COMBINED - Baltimore City and Baltimore County

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
21236	1	1	0	2	0.5	COMBINED - Baltimore City and Baltimore County
21237	2	2	0	4	1.1	COMBINED - Baltimore City and Baltimore County
21239	2	7	0	9	2.4	COMBINED - Baltimore City and Baltimore County
21244	1	12	0	13	3.5	COMBINED - Baltimore City and Baltimore County
21285	2	0	0	2	0.5	Baltimore County
21401	0	2	0	2	0.5	Anne Arundel County
21403	1	0	0	1	0.3	Anne Arundel County
21501	0	0	1	1	0.3	Allegany County
21532	0	1	0	1	0.3	Garrett County
21555	0	0	1	1	0.3	Allegany County
21620	0	0	1	1	0.3	Kent County
21636	0	1	0	1	0.3	Caroline County
21660	0	1	0	1	0.3	Caroline County
21677	0	0	1	1	0.3	Dorchester County
21702	0	1	0	1	0.3	Frederick County
21704	0	1	0	1	0.3	Frederick County
21705	0	2	0	2	0.5	Frederick County
21713	1	1	0	2	0.5	Washington County
21722	0	2	0	2	0.5	Washington County
21740	0	3	0	3	0.8	Washington County
21741	0	1	0	1	0.3	Washington County
21742	0	3	0	3	0.8	Washington County
21757	0	0	1	1	0.3	Carroll County
21783	0	1	0	1	0.3	Washington County
21784	0	0	2	2	0.5	Carroll County
21794	1	0	0	1	0.3	Howard County
21795	2	2	0	4	1.1	Washington County
21801	1	0	1	2	0.5	Wicomico County
21835	0	0	1	1	0.3	Dorchester County
21837	1	0	0	1	0.3	Wicomico County
21856	1	0	0	1	0.3	Wicomico County
21863	1	0	0	1	0.3	Worcester County
21869	0	1	0	1	0.3	Wicomico County

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
21915	3	0	0	3	0.8	Cecil County
21921	5	0	0	5	1.4	Cecil County
TOTALS	**153**	**199**	**18**	**370**	**100.0**	

MARYLAND LICENSED RESIDENTIAL CHILD CARE PROGRAMS
TOTALS BY ZIP CODE AND LICENSING DEPARTMENT
MULTI-JURISDICTION ZIP CODE BREAKDOWN
MARCH 2006

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
20724	1	0	0	1	0.3	**Anne Arundel County**
20724	3	0	0	3	0.8	**Prince George's County**
20724	**4**	**0**	**0**	**4**	**1.1**	**COMBINED TOTAL**
20850	0	1	0	1	0.3	**Frederick County**
20850	2	2	1	5	1.4	**Montgomery County**
20850	**2**	**3**	**1**	**6**	**1.6**	**COMBINED TOTAL**
21114	0	1	0	1	0.3	**Anne Arundel County**
21114	0	1	0	1	0.3	**Prince George's County**
21114	**0**	**2**	**0**	**2**	**0.5**	**COMBINED TOTAL**
21117	0	1	0	1	0.3	**Baltimore City**
21117	0	2	0	2	0.5	**Baltimore County**
21117	**0**	**3**	**0**	**3**	**0.8**	**COMBINED TOTAL**
21133	0	1	0	1	0.3	**Baltimore City**
21133	11	6	1	18	4.9	**Baltimore County**
21133	**11**	**7**	**1**	**19**	**5.1**	**COMBINED TOTAL**
21204	0	1	0	1	0.3	**Baltimore City**
21204	1	0	0	1	0.3	**Baltimore County**
21204	**1**	**1**	**0**	**2**	**0.5**	**COMBINED TOTAL**
21207	1	9	1	11	3.0	**Baltimore City**
21207	0	8	0	8	2.2	**Baltimore County**
21207	**1**	**17**	**1**	**19**	**5.1**	**COMBINED TOTAL**
21208	3	5	0	8	2.2	**Baltimore City**
21208	0	1	0	1	0.3	**Baltimore County**
21208	**3**	**6**	**0**	**9**	**2.4**	**COMBINED TOTAL**
21228	0	2	0	2	0.5	**Baltimore City**
21228	3	3	1	7	1.9	**Baltimore County**
21228	**3**	**5**	**1**	**9**	**2.4**	**COMBINED TOTAL**
21234	1	0	1	2	0.5	**Baltimore City**
21234	1	1	0	2	0.5	**Baltimore County**
21234	**2**	**1**	**1**	**4**	**1.1**	**COMBINED TOTAL**

PROVIDER ZIP CODE	DHMH	DHR	DJS	TOTAL	%	JURISDICTION
21236	0	1	0	1	0.3	**Baltimore City**
21236	1	0	0	1	0.3	**Baltimore County**
21236	**1**	**1**	**0**	**2**	**0.5**	**COMBINED TOTAL**
21237	0	1	0	1	0.3	**Baltimore City**
21237	2	1	0	3	0.8	**Baltimore County**
21237	**2**	**2**	**0**	**4**	**1.1**	**COMBINED TOTAL**
21239	2	6	0	8	2.2	**Baltimore City**
21239	0	1	0	1	0.3	**Baltimore County**
21239	**2**	**7**	**0**	**9**	**2.4**	**COMBINED TOTAL**
21244	0	5	0	5	1.4	**Baltimore City**
21244	1	7	0	8	2.2	**Baltimore County**
21244	**1**	**12**	**0**	**13**	**3.5**	**COMBINED TOTAL**

Appendix E - DHR Monthly Group Homes Information

Department of Human Resources
Monthly and Annual Average Group Home Placements
January – December 2005

LDSS	jan	feb	march	april	may	june	july	aug	sep	oct	nov	Dec	AVG	% of State
Allegany	13	14	14	14	16	16	14	20	20	20	21	19	16.8	0.7
Anne Arundel	84	79	81	87	82	79	84	84	82	84	89	86	83.4	3.3
Baltimore	286	276	283	289	289	295	295	302	292	298	294	284	290.3	11.5
Calvert	15	15	14	15	15	16	16	16	16	16	16	16	15.5	0.6
Caroline	6	7	7	7	7	9	9	9	8	8	8	8	7.8	0.3
Carroll	28	28	23	23	22	23	23	20	20	20	19	18	22.3	0.9
Cecil	11	12	16	15	15	15	18	21	21	20	20	16	16.7	0.7
Charles	13	14	12	12	14	12	13	13	11	10	11	11	12.2	0.5
Dorchester	6	6	9	9	9	8	8	9	10	11	11	11	8.9	0.4
Frederick	76	73	76	77	75	75	76	74	73	72	73	67	73.9	2.9
Garrett	10	9	9	8	6	8	9	9	7	7	7	9	8.2	0.3
Harford	45	43	45	43	43	43	45	41	42	43	43	57	44.4	1.8
Howard	31	32	30	29	32	31	30	31	31	32	32	32	31.1	1.2
Kent	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0
Montgomery	153	153	149	149	148	144	140	145	143	142	150	142	146.5	5.8
Prince George's	141	143	147	150	156	166	170	177	171	166	168	164	159.9	6.3
Queen Anne's	4	4	3	4	4	5	4	3	3	3	3	4	3.7	0.1
St. Mary's	26	27	24	24	23	21	23	23	23	24	23	23	23.7	0.9
Somerset	19	19	17	17	17	14	14	12	11	10	10	10	14.2	0.6
Talbot	9	9	13	11	12	11	12	11	11	14	16	14	11.9	0.5
Washington	46	48	50	54	56	51	54	61	61	55	58	56	54.2	2.1
Wicomico	29	29	26	25	23	22	22	22	22	27	31	27	25.4	1.0
Worcester	9	9	10	10	10	10	9	13	13	10	9	9	10.1	0.4
Baltimore City	1401	1428	1420	1401	1429	1436	1489	1495	1496	1510	1513	1533	1462.6	57.8
Statewide Total	2461	2477	2478	2473	2503	2510	2577	2611	2587	2602	2625	2616	2543.3	99.9