



**State of Maryland  
Resource Plan for  
Out-of-Home Placements**

**Presented by  
The Governor's Office for Children  
on behalf of  
The Children's Cabinet**

**October 1, 2007**

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For further information, or copies of this report, contact the Governor's Office for Children at 410-767-4160 or [www.goc.state.md.us](http://www.goc.state.md.us).



## Introduction and Overview

In Maryland there are over 12,000 children in the care and custody of the state, placed outside of their home, on any given day. The State faces the challenge of linking the children served in out-of-home care with appropriate placements that meet their needs. The purpose of this State Resource Plan 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). In so doing, this plan fulfills the requirement, pursuant to the Maryland Annotated Code, Article 49D, §7-103, to produce annually a State Resource Plan "in order to enhance access to services provided by residential child care programs." Specifically, the plan is to

- 1) Provide a framework for the procurement of the residential child care services that meet the needs identified in the plan;
- 2) Provide specific information on the residential child care programs;
- 3) Identify the types of services needed in residential child care programs and the estimated number of children in need of these services in each county;
- 4) Identify the counties where the services are currently insufficient;
- 5) Establish an incentive fund to address the unmet needs; and,
- 6) Identify the reasons that children are placed outside of their home jurisdiction.

### ***Who are children in out-of-home care?***

Children enter out-of-home care in Maryland for a variety of reasons and under a number of different circumstances. Children are placed in the care and custody of the State when they are named to be CINA (Child In Need of Assistance), CINS (Child In Need of Supervision), or Delinquent. Children can also come into placement under a Voluntary Placement Agreement (VPA), in which a parent voluntarily places a child in the care of the State, such as when a parent is going to be temporarily hospitalized or when a child is unable to obtain necessary treatment unless in the care of the State. The State Child-Serving Agencies responsible for placing children in an out-of-home placement are the Department of Human Resources (DHR) and the Local Departments of Social Services (LDSS); the Department of Juvenile Services (DJS); the Department of Health and Mental Hygiene (DHMH), including the Alcohol and Drug Abuse Administration (ADAA), Developmental Disabilities Administration (DDA), and the Mental Hygiene Administration (MHA); and the Maryland State Department of Education (MSDE) and Local School Systems (LSS). These Agencies may fund the placements or the placements may be funded by medical assistance (MA), which is administered within DHMH as well.

Each of these child-placing Agencies operates differently on the local level. DHR, MHA, ADAA, and MSDE serve children and families through their 24 local counterparts within each of the jurisdictions—the local departments of social services, the local core service agencies<sup>1</sup>, the local substance abuse councils, and the local school systems. DJS and DDA both have regional offices, which, in turn, have local offices. The regions for DJS and DDA are not the same—DDA has four regional offices, while DJS has five area offices.

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<sup>1</sup> One core service agency located on the Eastern Shore serves five jurisdictions.

While each Department has its own particular mandate and function, all of the Agencies provide services to help support children and their families and to improve their well-being. Many of the children have the same needs as one another, regardless of which agency holds their commitment order. Many children in out-of-home placement come from homes with abuse and neglect, domestic violence and/or substance abuse. Others, however, have families with very few, if any risk factors, but may need services and supports that simply exceed the resources available to them without assistance.

Regardless of how children enter the system, the Agency through which they enter, or their reasons for coming into placement, once they are under the care and custody of the State, the Children's Cabinet is committed to providing all children with individualized services and supports that will promote their safety, permanency, and well-being.

### ***Categories of Out-of-Home Placement***

The term "residential child care programs" is used by COMAR to define many of the out-of-home placements available in the State. In prior reports (State Resource Plan 2006; 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 macro 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<sup>2</sup>.

Over time a child may experience multiple placements among the different placement categories, depending on the child's need. For example, a 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). Or, a child with a severe mood disorder may be placed in a therapeutic group home (community-based residential category), require psychiatric hospitalization in order to stabilize the serious risk of self-harm (hospitalization category), and then may experience successful intervention at a residential treatment center (non-

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<sup>2</sup> Please see COMAR Title 14, Subtitle 31, Chapter 35 for the regulatory definitions of residential child care programs, and COMAR Title 07, Subtitle 02 for the regulatory definitions of programs licensed by the Department of Human Resources.

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.

### ***Placement in Home Jurisdiction—Why Does it Matter?***

The Children's Cabinet remains committed to the development of local, integrated systems of care that ensure that: children and their families are served in a culturally and linguistically competent manner; services are community-based and individualized; and decisions are child- and youth-guided and family-driven. Family involvement and relationships suffer when children are placed far from home. The strain of visiting a child who is far from home (either in actual mileage or because the child is placed in a location that is not accessible by the family's available means of transportation) affects the parents, child, and siblings at home. In cases where family reunification is a goal, children may linger in care longer because of the difficulty in making progress toward reunification without face-to-face contact. Additionally, for children receiving special education services, placement in another jurisdiction often results in a disruption in services as determined by their Individual Education Programs (IEP).

Even when a child's biological family is not involved in the care of the child, there are typically other community members with a connection to the child, such as teachers, counselors, and friends at school. The placement of a child into a residence that is not his or her home is sufficiently disruptive without also uprooting him or her from his or her school and community.

It is not always possible to serve children in their immediate community, because of the specialized needs of the child or because of a lack of resources. There are many reasons why a child is placed outside of his or her home jurisdiction. Some of these reasons include:

- Proximity to parents'/guardians' home (family lives closer to placement in adjacent jurisdiction than alternative placement at far end of same jurisdiction);
- Only available and appropriate placement with needed services/milieu (per individual service plan);
- Only available and appropriate placement with needed services/milieu (per court order);
- Child's request for particular placement;
- Child needed to be removed from community for safety reasons (ex. gang involvement);
- Only available placement while waiting for more appropriate placement; and,
- Only available placement while waiting for closer placement.

It is recognized throughout this report that, when a placement is not available in the home jurisdiction, the second best option is to place a child in an adjacent jurisdiction. Many jurisdictions simply do not have sufficient need to warrant the development of some placement types within jurisdictional boundaries; in these instances, it is hoped that children are placed in an adjacent jurisdiction or, failing that, within the home region. (See page 22 for a detailed table of the jurisdiction where children are placed.)

The State Resource Plan, as it evolves, will provide analysis and recommendations for the whole out-of-home placement continuum and be able to provide specific data and recommendations for a particular segment of the placement continuum as necessary. A significant portion of this year's plan is dedicated to discussing those children in out-of-state placement, due to the rising number of children placed outside of the state.

## Key Findings, What's Working and Recommendations

This report provides very detailed information on the number of children in particular categories of out-of-home placements, and analyzes them within the context of their home jurisdiction, the jurisdiction in which they are placed, and the agency that placed them. Below are some of the key findings, as well as the recommendations that have resulted from the analysis.

### Key Findings

- There were 12,286 youth in placement in the single day count: January 30, 2007.
- The majority of youth was male, African American, and adolescent.
- A substantial minority—20%—of individuals in placement were “transition-aged youth,” ages 18-21.
- 63% of youth were in family foster care placements (including kinship and relative placements), 23% of youth were in community-based residential placements (including group homes), 13% of youth were placed in non-community based residential placements, and 1% of youth were in hospitalization placements.

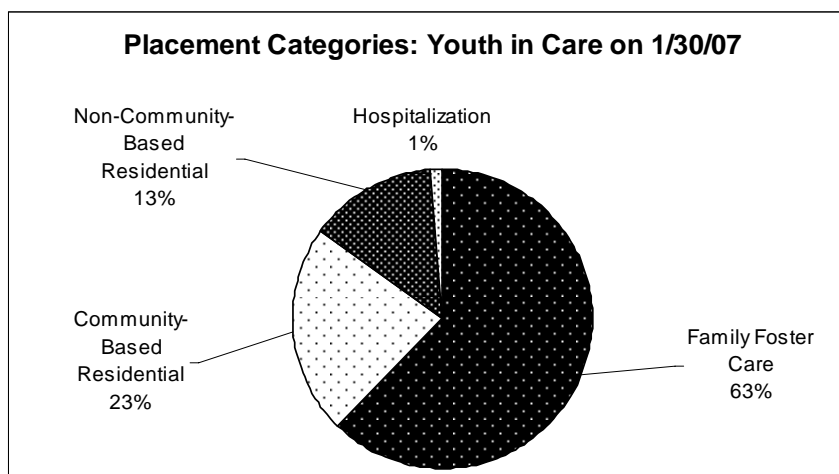


Figure 1: Placement Categories: Youth in Care on 1/30/07

- 54% of all youth in out-of-home placement were in their home jurisdiction.
- 66% of youth in family foster care settings were in their home jurisdiction.
- 38% of youth in community-based placements were in their home jurisdiction.
- There were over 175 youth placed out-of-state. There are categories of youth for whom very few, if any, in-state residential resources exist, including youth with specialized needs such a fire setting history, sex offending history, developmental disabilities, low IQ/mental retardation, and combinations of mental health issues, substance abuse issues, and/or low IQ/mental retardation.
- The volume of children in placement from Baltimore City—56.6% of all children in out-of-home placement—had a domino effect on the entire state, as the 42% of Baltimore City children placed outside of the City displaced other children from their home jurisdictions. All but 193 foster care beds in Baltimore City (out of a total of 3,340 in use) were filled with children from the City, yet only 66% of Baltimore City children in



family foster care placements were placed in the City, illustrating a critical lack of capacity.

- Baltimore County had only 7.3% of children in out-of-home placement in the state, but 16.2% of all children in out-of-home placement were residing there. There were children from every jurisdiction in the state placed in Baltimore County.
- Youth from the Eastern Shore were less likely to be placed in their home jurisdiction as youth from central Maryland or western Maryland. Three of the four jurisdictions with the fewest children placed in their home jurisdictions were from the Eastern Shore—Queen Anne’s, Somerset, and Worcester Counties. Other jurisdictions with low percentages of children placed in their home jurisdiction are Anne Arundel, Calvert, Carroll, Howard, Frederick, and St. Mary’s Counties, all with fewer than 30% of their children placed in their jurisdictions.
- Over three-quarters of children from Allegany County were placed in their home jurisdiction, regardless of placing Agency or placement type.
- While it appears that the capacity of the group homes in the state was essentially sufficient for most youth, there is a need for more specialized treatment for some of the most difficult-to-serve youth.

### ***What’s Working***

- Many youth are placed in their home jurisdiction or adjacent jurisdiction.
- The majority of youth (63%) are in a family-like setting.
- Many youth who are placed out-of-state are placed with relatives or friends.
- State policies are in place to ensure that potential providers have an understanding of the specific residential needs of the children in out-of-home placement.
- \$1 million in FY07 Resource Development funds were provided to local management boards representing nine jurisdictions to create new community-based placements in Baltimore City and on the Eastern Shore.
- The three jurisdictions (Baltimore City, Montgomery County, and St. Mary’s County) that are providing care coordination with high-fidelity wraparound services to help high-risk children remain in their homes with sufficient support are achieving successes in their first year of implementation, enabling more youth to remain in their own communities.
- Interagency collaboration is leading to the identification of specific evidence-based practices that can be carefully tailored to meet Maryland’s needs.

### ***Key Recommendations for Improving Out-of-Home Placements***

- *General Recommendations*
  - An emphasis should be on placing children and youth, including older youth and those with specialized needs, in family-like settings.
  - When possible and appropriate, children should be given preference for placements within their home jurisdiction over children from other jurisdictions.
  - Children and youth should be served in-state, with out-of-state placements used as only a last resort or when the placement will allow the child to be placed with a family member or family friend or in closer proximity to home than an available in-state placement.

- Agencies should examine their practices to ensure that families and youth are seen as full partners in the service delivery process, including the identification of residential placements, when possible.
  - Child-Serving Agencies should continue engaging with care coordinators in the three current “wraparound pilot site” projects (in Baltimore City, Montgomery County, and St. Mary’s County), as well as with new pilot site projects, enhancing their involvement to include active participation in and support of the child and family teams, in order to ensure greater success while providing more support for the child and family.
  - State Agencies that provide services through regional and area offices might consider reexamining the boundaries of the regional and area offices to ensure consistency with one another. Agencies that do not currently have distinct regions might consider grouping jurisdictions into regions that are consistent with the other regional and area offices in the state, to form the basis for regional distribution and reallocation of resources.
  - The State should implement the recommendations of the Ready by 21™ Action Agenda (Transition-Aged Youth Action Plan), developed by representatives of the Child-Serving Agencies and broad stakeholder membership, to ensure adequate services and resources for youth in out-of-home placement and those aging out of care.
  - Agency management information services and data collection should be enhanced to capture information on IQ, Individual Education Programs, diagnoses, respite care placements, voluntary placement agreements and reasons for placement outside of home jurisdiction.
  - The State should evaluate the feasibility of expanding community-based services, such as respite care and wraparound, as well as evidence-based practices such as functional family therapy, multi-systemic therapy, and brief strategic family therapy.
  - The State should support DHR’s Place Matters initiative, which aims to: keep children in their communities; place children in family settings rather than group homes; minimize the length of stay in out-of-home care; reallocate DHR resources to provide more preservation services; and, manage with data to improve decision-making, oversight and accountability.
  - The State should support DJS’s strategic plan, particularly as it relates to reducing reliance on out-of-state placements, including expanding residential treatment programs, ensuring cultural competence, promoting greater family involvement, and improving assessments and treatment.
- *Family Foster Care Recommendations*
    - The State should recruit additional high quality family foster care providers, for both regular and treatment foster care, consistent with DHR’s Recruitment Plan, recommendations from members of the Maryland Foster Parent Association, and strategies from the Place Matters initiative.
    - Treatment foster care providers should work with child-placing agencies to ensure new treatment foster parents are recruited from those jurisdictions in which there is the greatest need.

- Support should be provided to the ongoing efforts in the state to implement an effective evidence-based practice model of treatment foster care; the recommendations from the report by the Evidence-Based Practices Subcommittee of the State of Maryland's Blueprint for Children's Mental Health Committee (*Prioritizing Evidence Based Practices for Children's Mental Health*) should be implemented to improve the quality of care that is received by children in out-of-home placements and to reduce additional out-of-home placements when possible.
- *Community Based Residential Placement Recommendations*
  - The State should continue to encourage new group home providers to serve youth who are more difficult to serve, including those youth who more frequently go out-of-state. The group homes that are developed should continue to meet regionally identified needs, including serving sibling groups, older adolescents, children with severe mental health and behavioral needs, children who are aggressive, fire-setters, or sex offenders, and children with developmental disabilities, in particular those with a significant secondary diagnosis (e.g., mental illness, autism).
  - The State should continue to encourage only thoughtful and selective growth of group homes in Central Maryland in order to realign capacity versus need from one jurisdiction to another.
  - The State should continue to encourage the selective development of group homes on the Eastern Shore and Southern Maryland, particularly in those areas that are having extensive difficulty in recruiting family foster parents and/or that are placing children into group homes in Central and Western Maryland, far from their homes and communities.
- *Non-Community Based Residential Placement Recommendations*
  - A more in-depth analysis of the costs of in-state and out-of-state placements should be conducted, factoring in direct and indirect costs for both categories of placement.
  - State Agencies should evaluate the feasibility of offering in-state facilities additional incentives to accept and treat youth with specialized needs, including youth with co-occurring and high-risk disorders, and consideration should be given to offering incentives for more community-based placements as well, in order to serve more youth in community-based settings.
  - The State should evaluate the feasibility of creating additional, small treatment facilities for youth with specialized needs.
  - The State should continue to explore where the required "facility for children" will be placed for youth deemed incompetent to stand trial but needing competency attainment services in this facility.
  - The State may want to evaluate the possibility of changing regulations which prevent the licensing of residential treatment centers (RTC) to serve youth over the age of 18. Youth with Individual Education Programs should be able to complete their education in a consistent manner. Medicaid (Maryland Medical Assistance) is able to fund these placements for youth over the age of 18 and currently funds these placements for youth in out-of-state RTCs.
  - The State should continue to evaluate current residential treatment center and Regional Institutes for Children and Adolescents (RICA) utilization, in conjunction

with out-of-state data and projections of impact if regulations are changed to admit youth over the age of 18 in residential treatment centers. Depending on the findings, the State should consider converting part or all of a facility to serve underserved populations, such as youth over 18 and youth with specialized needs.

- *Hospitalization Placement Recommendation*
  - The State should continue to support the Multi-Agency Review Team (MART), which helps to ensure that youth do not linger in hospitalization placements once they are ready for discharge.

### **Notes Prior to Reviewing the Plan**

The first State Resource Plan was issued in 2006 and used data from a number of sources, including the data collected for the SB 711 (2004) report, which was issued in 2005. For the 2007 State Resource Plan, a new data request was issued to each of the three State Child-Serving Agencies: the Department of Health and Mental Hygiene (DHMH), the Department of Human Resources (DHR), the Department of Juvenile Services (DJS), and the Maryland State Department of Education (MSDE). Within DHMH, requests were issued to three administrations that are involved with the placement of children into out-of-home care: the Alcohol and Drug Abuse Administration (ADAA), the Developmental Disabilities Administration (DDA), and the Mental Hygiene Administration (MHA).

Complete information on the data collection process, as well as important caveats and limitations, are found at the end of this report, beginning on page 89. However, it is important to note that the actual date used for the point-in-time study is not consistent across agencies, as is explained later in the report. Below is a listing of the date(s) used by each of the Agencies and Administrations in the completion of this data request:

#### **DHMH:**

ADAA: January 31, 2007  
DDA: January 30, 2007  
MHA: January 31, 2007

#### **DHR:**

Baltimore City: December 31, 2006  
Baltimore County: April 30, 2007  
Rest of State: January 30, 2007

**DJS:** January 30, 2007

**MSDE:** FY07 data through June 18, 2007

The language used to discuss children in out-of-home placements varies within and between Agencies. The four “macro” placement categories are used in an attempt to surmount this challenge. However, the terms “children” and “youth” are used fairly interchangeably throughout this document. Both terms are appropriate to apply to individuals who have not reached the age of majority, but, colloquially, “youth” is used to refer to those individuals over

the age of 15. Those agencies that have a population consisting almost entirely of individuals ages 15 and above are more likely to have their population referred to as youth. Additionally, the terms “single day” and “one day” and the terms “census” and “count” are also used to mean the same thing when referring to the survey that was conducted for this plan.

## Summary Data: State of Maryland

There were 12,286 children and youth in out-of-home placement in the single day count on January 30, 2007. (See discussion at the end of the document on page 89 for data collection methodology and limitations.) Of those children, 10,205 (83.1%) were placed by the Department of Human Resources (DHR), 1,524 (12.4%) were placed by the Department of Juvenile Services (DJS), 220 (1.8%) were funded by the Maryland State Department of Education (MSDE), 190 (1.5%) were placed by the Mental Hygiene Administration (MHA), 113 (0.9%) were placed by the Alcohol and Drug Abuse Administration (ADAA), and 34 (0.3%) were placed by the Developmental Disabilities Administration (DDA).

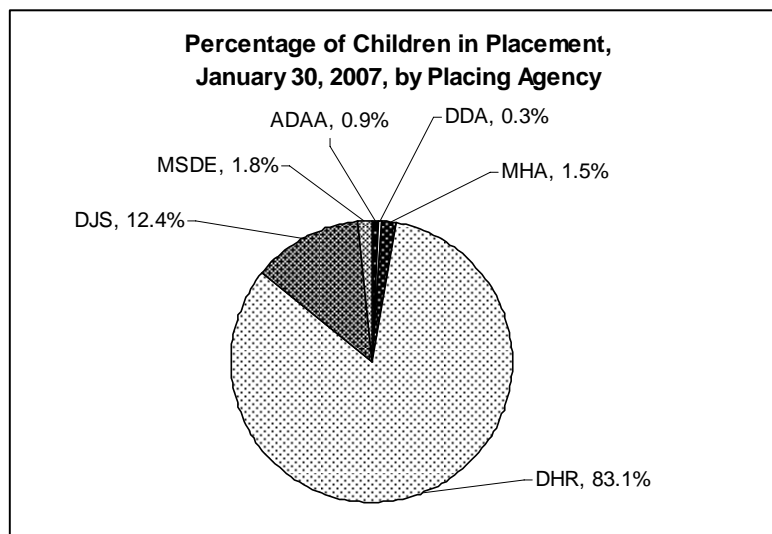


Figure 2: Percentage of children in placement, January 30, 2007, by placing agency

## Considerations

### Duplicate Data

While the goal of a one-day count is to eliminate as much duplication as possible, there are still 182 youth who were identified in multiple datasets. This indicates significant State and local Agency involvement, and is important to note for three primary reasons. The first reason is that it suggests the expenditure of considerable time and resources on behalf of a particular child, particularly with respect to human resources (such as casework and court time). Second, for those youth and families, it means that there are more individuals involved in the youth and families' lives, and more mandates to follow and requirements to which the families must adhere, which, together, at times can complicate the achievement of individual service plan goals. Finally, it brings to light the importance of interagency collaboration and the work of the Children's Cabinet to advance Maryland's systems of care to ensure that all children, regardless of agency involvement, are able to successfully navigate the systems and receive the necessary

services and supports for child well-being. The table below provides the number of children identified in multiple datasets, by placing Agency.

<i>Multiple Agency Involvement</i>	
<b>Agencies</b>	<b># of youth</b>
ADAA & DJS	5
ADAA & DHR	12
MHA & DJS	33
MHA & DHR	67
DHR & DJS	64
MHA, DHR & DJS	1

**Table 1: Multiple Agency Involvement**

This table does not include the whole universe of children who are served by more than one agency. These figures do not include those youth that may be formally or informally involved with one of the child-serving Agencies but not placed out-of-home by the Agency. For example, youth may be part of families receiving in-home family services from the local department of social services or may be receiving Temporary Cash Assistance or housing assistance. Additionally, it is presumed that the majority of the youth are involved with the local school systems, particularly if they are under the age of 18. However, due to the difference in how the MSDE data are captured, youth were not identified as duplicates with MSDE.

### **Excluded Data**

The data for the remainder of the report, except where otherwise noted, *excludes* the following three categories of children: 1) Children in MSDE-funded placements (see discussion immediately following this section); 2) Children placed by DHR where the type of placement is unavailable (the jurisdiction of placement is unknown for the majority of these youth as well); and, 3) Children placed by DHR who have been categorized as “other” (see discussion below).

<i>Excluded data</i>	
<b>Type</b>	<b># of youth</b>
MSDE	220
DHR—Placement Type Unavailable	126
DHR—Placement Type “Other”	222
<b>Total</b>	<b>568</b>

**Table 2: Excluded data**

Therefore, for the remainder of this document, except where otherwise noted, the number of children in out-of-home placement in the single day count will be 11,718.

### **Agency-Specific Considerations**

MSDE. MSDE captures data on children in both residential and non-residential non-public special education school programs. MSDE and the local school systems (LSS) capture data on an annual basis and provide information about those children for whom a non-public special education school placement was funded, both residential and non-residential. There were 4,677 children in non-public special education schools in FY07, accounting for 5,258 school

placements. Of these 4,677 children, there were 220 children in MSDE/LSS-funded residential school placements, both in- and out-of-state. However, due to the manner in which the data are managed, they were not able to be analyzed in the same fashion as the data from the other Agencies. MSDE data are only included in the section of the report on non-community based placements. In that section, there is an analysis of MSDE/LSS-funded residential and non-residential non-public special education school placements, including out-of-state placements.

DHR. There were 126 children placed by DHR into a placement that was not identified in the DHR database. Therefore, it is difficult to analyze whether the children in these placements were in a placement category for which there is a need for more or less beds. Additionally, for the majority of these children it was not known into which jurisdiction they were placed.

Many youth captured in the DHR database are not in a traditionally-defined out-of-home placement (the target of this report). These youth are living on their own (not in a formal independent living program), in college, in Job Corps, on runaway status, or home with their parents/guardians/adopted parents. These (and other) placement types were categorized as “other” as they did not represent “beds” funded by the State for children in out-of-home placement. While some of these children may be receiving case management and other services, they typically do not represent children for whom a bed is being funded or held and, therefore, were counted as “other” solely for the purposes of this resource plan. It was determined that children who were in “aftercare” should be considered to be in placement due to the transitory and temporary nature of their placement classification and the real possibility that they may re-enter care if the family is not yet ready for permanent reunification. The table below provides a breakdown of all of the children placed by DHR and how the placement was classified, including “other.”

<i>DHR Placement Type</i>		<i>Macro Placement Category</i>
Adopted/Closed/Emancipated	7	Other
Adoptive (with or without subsidy)	38	Family Foster Care
Aftercare	78	Family Foster Care
Agency Foster Home	152	Family Foster Care
Alternative Living Unit	37	Community-Based Residential Placement
AWOL/Runaway	117	Other
Boarding School	1	Other
College/University	11	Other
Detention/DJS	7	Non-Community Based Residential Placement
Diagnostic Center	18	Non-Community Based Residential Placement
Drug Treatment	1	Non-Community Based Residential Placement
Emergency Foster Home	475	Family Foster Care
Emergency Group Shelter Care	8	Community-Based Residential Placement
Formal Kinship Care	278	Family Foster Care
Foster Adoptive Home	12	Family Foster Care
Group Home	794	Community-Based Residential Placement
Halfway House	1	Community-Based Residential Placement
Home/Parents	45	Other
Hospital	1	Hospitalization
Incarcerated/Jail	24	Non-Community Based Residential Placement

<i>DHR Placement Type</i>		<i>Macro Placement Category</i>
Independent	13	Other
Independent Living	112	Community-Based Residential Placement
Inpatient Psychiatric Hospitalization	2	Hospitalization
Intermediate Foster Care	75	Family Foster Care
Job Corps	1	Other
Kinship Care	63	Family Foster Care
Medically Fragile Program/Medical Group Home	7	Community-Based Residential Placement
Non-Paid	2	Family Foster Care
Off-Site Supervised Apartment	27	Community-Based Residential Placement
Pre-Adoptive Home	9	Family Foster Care
Pre-Finalized Adoptive Home with Subsidy	55	Family Foster Care
Private Agency Foster Home	35	Family Foster Care
Private Treatment Facility	156	Non-Community Based Residential Placement
Regular Agency Foster Care	498	Family Foster Care
Regular Foster Care	764	Family Foster Care
Relative Adoptive Family	8	Family Foster Care
Relative Placement/Foster Care	2833	Family Foster Care
Residential Agency Foster Home	12	Family Foster Care
Residential Group Homes	531	Community-Based Residential Placement
Respite Care	4	Family Foster Care
Respite Group Care	1	Community-Based Residential Placement
Respite Care—High Intensity/Psychiatric	5	Non-Community-Based
Restricted Foster Care	90	Family Foster Care
Restricted (Relative) Foster Care	77	Family Foster Care
Residential Treatment Center	150	Non-Community Based Residential Placement
Self-Placement	2	Other
Semi-Independent Living	136	Community-Based Residential Placement
Shelter	3	Community-Based Residential Placement
Shelter Group Home	545	Community-Based Residential Placement
State Institutional Care	12	Non-Community Based Residential Placement
State Hospital	1	Hospitalization
Teen Mother Program/Maternity Home	5	Community-Based Residential Placement
Therapeutic Group Homes	68	Community-Based Residential Placement
Transitional Residential Treatment Home	1	Community-Based Residential Placement
Treatment Foster Care	1,232	Family Foster Care
Treatment Foster Care (Private)	413	Family Foster Care
Placement Type Unavailable	126	Other
“Other” unspecified	26	Other
<b>TOTAL</b>	<b>10,205</b>	

**Table 3: DHR Placement Types**

DJS. As with DHR, DJS had many different placement types that needed to be translated into one of the macro placement categories. DJS has multiple methods for classifying its placement facilities, based on licensing classification, level of security, and characteristics of children placed. The table below provides the number of youth in each placement category, followed by



the translation to one of the macro placement categories. All youth from the DJS dataset were included in the analysis; the table below is simply to make transparent the classification of placement types into the four macro categories.

<i>DJS Placement Type</i>	<i># (%)</i>	<i>Macro Category</i>
Alternative Living Unit	6 (0.39%)	Community-Based Residential Placement
Committed-Redirect	8 (0.52%)	Non-Community-Based Residential Placement
Committed-Youth Centers	107 (7.02%)	Non-Community-Based Residential Placement
Committed Residential/Pending Placement	158 (10.37%)	Non-Community-Based Residential Placement
Committed Residential	43 (2.82%)	Non-Community-Based Residential Placement
Detention	288 (18.90%)	Non-Community-Based Residential Placement
Diagnostic Unit	4 (0.26%)	Non-Community-Based Residential Placement
Emergency Respite Care (at Youth Center)	4 (0.26%)	Non-Community-Based Residential Placement
Enhanced Academy	33 (2.17%)	Non-Community-Based Residential Placement
Foster Care	4 (0.26%)	Family Foster Care
Group Home	268 (17.59%)	Community-Based Residential Placement
Impact Programs	4 (0.26%)	Non-Community-Based Residential Placement
Independent Living	16 (1.05%)	Community-Based Residential Placement
Intermediate Academy	38 (2.49%)	Non-Community-Based Residential Placement
Psychiatric Hospital	16 (1.05%)	Hospitalization
Residential Treatment Facility	202 (13.25%)	Non-Community-Based Residential Placement
Structured Shelter Care (Group Setting)	64 (4.20%)	Community-Based Residential Placement
Substance Abuse Program	124 (8.14%)	Non-Community-Based Residential Placement
Substance Abuse Youth Center	40 (2.62%)	Non-Community-Based Residential Placement
Therapeutic Group Home	24 (1.57%)	Community-Based Residential Placement
Treatment Foster Care	69 (4.53%)	Family Foster Care
Wilderness Program	4 (0.26%)	Non-Community-Based Residential Placement
<b>TOTAL</b>	<b>1,524 (100.00%)</b>	

**Table 4: DJS Placement Types**

ADAA. Unlike with other Agencies, the youth include in the ADAA placement count may include youth who are not in the care and custody of the State of Maryland. Some of the youth may be self-placed into the facilities or placed by their parents/guardians, with payment coming from private insurance or out-of-pocket funds. The following is a breakdown of the source of payment for treatment; this table is intended to provide additional depth to the description of the youth in placement on January 31, 2007; the analysis includes youth whose placements are not funded by the State (but who are utilizing treatment beds).

<i>Payment Source</i>	<i>#</i>
ADAA (State Funding)	38
DHMH Managed Care/Health Choice	21
Medicaid (other than Health Choice)	9
Medicare	2
Non-Managed Private Insurance	2
Private Managed Care (HMO)	23
Out of Pocket Payment	3
Other Public Funds	4

Information unavailable as youth had not yet been discharged, as of 6/1/07	11
<b>Total</b>	<b>113</b>

**Table 5: ADAA: Payment Source**

### **Demographic Information**

The majority of children in care on January 30, 2007 were male, African American, and in their late teens or early 20's. The youngest child in care was a newborn and the oldest youth in care was 23.74 years of age.

**Gender of children in care** Of all of the Agencies, DDA and DHR have the most equal split between males and females in placement, but all Agencies have more males in placement than females.

	ADAA	DDA	MHA	DHR	DJS	ALL AGENCIES
Female	31	15	58	4,800	207	5,111 (42%)
Male	82	19	132	5,144	1,317	6,694 (56%)
Data Unavailable	---	---	---	261	---	261 (2%)

**Table 6: All Agencies: Gender of Children in Care**

**Age of children in care** As can be seen from the table below, there was a wide range of ages of children in care, spanning from newborn into their twenties. Children in out-of-home placement range in age from newborn to 22, depending on the Agency providing services. Children can continue to receive services from DHR through their 21<sup>st</sup> birthday, as long as they agree to continue to receive services and as long as they are engaged in school, work, or vocational educational programs. Children may remain in DJS custody through age 21 as well, at the discretion of the judge and master involved in the case. DDA will maintain involvement with youth up until their 22<sup>nd</sup> birthday, while MSDE/LSS-funded students, when appropriate, may complete the school year in which they turn 21. MHA services provided through medical assistance are available to all individuals who meet medical necessity criteria.

	<i>Age</i>					ALL AGENCIES
	ADAA	DDA	MHA	DHR	DJS	
Oldest	21.06	20.97	18.77	23.74 <sub>3</sub>	21.67	23.7
Youngest	13.16	13.54	5.94	0.01	11.83	0
Mean	16.67	19.26	15.47	11.69	16.60	12.5
Median	16.88	19.65	15.55	13.25	16.65	14.6
Mode <sup>4</sup>	17.81	18.91	14.09	14.09	17.50	16.0
Standard Deviation	1.38	1.61	1.95	6.09	1.36	5.9

For all agencies, n=11,786. DHR Baltimore County data were provided as the age of the youth on April 30, 2007, as opposed to providing date of birth, which is how age on

<sup>3</sup> It is unclear whether this youth is still in the care of DHR, is not in care but remains in the data system, or represents a typographical error in the date of birth.

<sup>4</sup> "Mode" is the value or item occurring most frequently in a series of observations or statistical data. (mode. (n.d.)). The American Heritage® Dictionary of the English Language, Fourth Edition. Retrieved August 02, 2007, from Dictionary.com website: <http://dictionary.reference.com/browse/mode>

January 30, 2007 was calculated for all other agencies.

**Table 7: All Agencies: Age of Children in Care**

The average age of children in care was 12.5 years old; however, the average age for Agencies other than DHR is higher, with most youth served by Agencies other than DHR in their adolescence. Most of the youth served by the State are receiving independent living skills (offered to youth over age 14) in preparation for adulthood. A substantial minority of these youth—approximately 20%, or 2,397<sup>5</sup>—also fall into the category of “transition-aged youth”—youth ages 18-21 who are moving from adolescence to adulthood and, for many of the youth in the child-serving Agencies, moving from out-of-home placement to living on their own. While the Children’s Cabinet’s Transition-Aged Youth Plan and Ready by 21<sup>TM</sup> Initiative are focused on *all* of Maryland’s youth, the youth in out-of-home placement are a subset of that population. The Plan, due to be issued in fall 2007, will assist the State in ensuring that these youth are fully prepared for college, work and life.

**Race of children in care** The table below provides a breakdown of children in placement, by race and by placing agency.

<i>Race of Children, by Agency</i>								
<i>Race</i>	TOTAL	ADAA	DDA	MHA	DHR		DJS	MSDE <sup>6</sup>
					Baltimore City	Rest of State		
African American	10,968 (65.5%)	---	11	101	5,714	1,724	1,026	2,392
American Indian/ Alaskan Native	41 (0.2%)	---	0	1	15	6	2	17
Asian/Pacific Islander	109 (0.7%)	---	0	2	5	21	7	74
Hispanic/Latino <sup>7</sup>	234 (1.4%)	---	0	0	20	36	54	124
White	4,692 (28.0%)	---	14	81	568	1,540	419	2,070
Bi-racial/Multiple Races Identified	65 (0.4%)	---	0	0	0	60	5	0
Other	8 (0.05%)	---	4	3	0	1	0	0
Data Unavailable	626 (3.7%)	113 <sup>8</sup>	5	2	80	415	11	0
Total	16,743	113	34	190	6,402	3,803	1,524	4,677

**Table 8: All Agencies: Race of Children in Care**

Only DHR data were broken down into data from Baltimore City and data from the rest of the state since DHR data represent over 80% of the youth in placement. A single jurisdiction—Baltimore City—was isolated due to the significant number of children in placement as well as the difference in the demographic makeup of the City compared to the rest of the state.<sup>9</sup> In

<sup>5</sup>Data for this calculation were rounded, and all youth ages 18 through and including 21 were counted.

<sup>6</sup> MSDE data reflect all students in non-public schools, both residential and non-residential.

<sup>7</sup> While “Hispanic/Latino” is not considered to be a race by the federal Census Bureau, but rather an ethnicity, some agencies captured it as a race.

<sup>8</sup> ADAA does not capture race in its database.

<sup>9</sup> In examining the demographics of the State of Maryland and Baltimore City, one comes to see that it may be appropriate to examine the disproportional number of children of color in care within the context of the population estimates. The July 1, 2006 population estimate for Maryland was 63.6% white, 29.5% African American or Black, and the remaining 6.9% a combination of American Indian and Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or two or more races. The Census Bureau estimates for Baltimore City for the same date are that 65% of

examining the other 23 jurisdictions, 51% of children (including those in non-residential non-public special education school placements) were African American, 40% were white, and the race was unknown for approximately 5% of youth. The remaining 4% was comprised of individuals who are American Indian/Alaskan Native, Asian/Pacific Islander, Hispanic/Latino, bi-racial or with multiple races identified, or “other—not identified.” Eighty-nine percent (89%) of Baltimore City youth placed by DHR were African American, 9% of youth were white, and the remaining 2% of youth were American Indian/Alaskan Native, Asian/Pacific Islander, Hispanic/Latino, or the race was unknown.

*Youth from out-of-state.* Finally, there were 63 youth from out-of-state who were placed by Maryland Agencies. These youth are included in this dataset because they represent beds that are filled on the one-day count and should be accounted for in identifying the resource needs in the state. The table that follows is a breakdown of the states of origin of youth from out-of-state who were placed by Maryland Agencies. ADAA, DDA, DJS, and MHA placed youth from out-of-state; DHR either did not place youth from out-of-state or does not capture the data in such a way as to identify the youth as being from out-of-state.

<i>Out-of-State (n=63)</i>				
Home State of Children Placed by Maryland Agencies	Placing Agency			
	ADAA	DDA	DJS	MHA
California	0	0	1	0
District of Columbia	2	0	24	1
Delaware	5	0	3	0
Florida	0	0	1	0
Georgia	0	0	2	0
Iowa	0	0	1	0
Minnesota	0	0	2	0
New York	0	0	2	0
Pennsylvania	0	1	7	0
Texas	0	0	1	0
Vermont	0	0	2	0
Virginia	2	0	3	0
West Virginia	0	0	2	0
Other—unspecified	1	0	0	0
<b>TOTAL</b>	<b>10</b>	<b>1</b>	<b>51</b>	<b>1</b>

**Table 9: # Youth from Out-of-State**

**Placement Type**

As can be seen in the graph and table below, the majority of children in out-of-home placement were in family foster care settings (63%). Of those children, two-thirds (66%) were in their home jurisdiction. Just over one-half (54%) of all children were placed in their home jurisdiction.

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the population is African American or Black and only 30% of the population in the City is white, with the remaining 5% made up of other identified races.

As is to be expected, as the placement category becomes more restrictive and less community-based, the number of youth in that placement category declines, as does the number of youth in their home jurisdiction. While the goal may be to have all or almost all children in family foster care placements in their home jurisdiction, it is not to be expected that all children in non-community-based and hospitalization placements will be in their home jurisdictions. There must be an economy of scale, with the most restrictive and less frequently utilized placements being available on a regional or even statewide basis, rather than a jurisdictional basis.

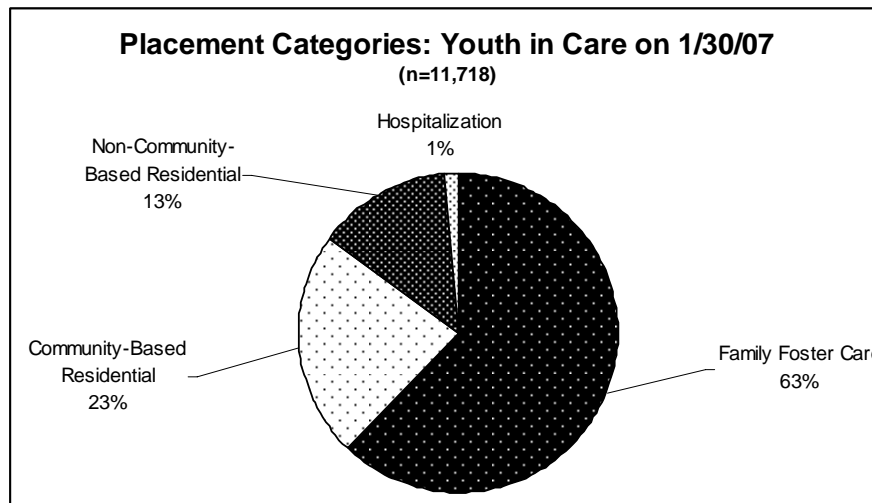


Figure 3: Placement Categories

<i>Placement Type</i>	<i># (%)</i>	<i># (%) in Home Jurisdiction</i>
Family Foster Care	7,296 (62.3%)	4,847 (66.4%)
Community Based	2,668 (22.8%)	1,024 (38.4%)
Non-Community Based	1,580 (13.5%)	464 (29.4%)
Hospitalization	174 (1.4%)	26 (14.9%)
<b>Total</b>	<b>11,718</b>	<b>6,361 (54.3%)</b>

Table 10: Number and percentage of youth in each placement type and in home jurisdiction

The table that follows provides an overview of the number of youth in placement in the single day count, by jurisdiction, and where each youth was placed. The first column provides the number of youth *from* the home jurisdiction that was in a placement in the single day count. The second column provides the percentage that number represents with regard to the total number of youth in placement on that date, statewide. The columns that follow provide the name of the jurisdiction where the youth was placed. The rows at the bottom of the table provide the percentage of children who were from the jurisdiction *and placed* in that jurisdiction. The final row provides the percentage of children who were placed in that jurisdiction, out of the total number of children placed on that date, statewide.

Home Jurisdiction of Children in Placement	# children from jurisdiction in placement	% of children statewide in placement from jurisdiction	ALL AGENCIES, ALL OUT-OF-HOME PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OCS-Adjacent	OCS-Non Adjacent	Unknown
Allegany County	136	1.2%	107	0	1	4	0	0	0	0	0	2	4	0	0	0	2	0	0	0	0	5	0	0	5	6	0		
Anne Arundel County	370	3.2%	6	106	96	26	0	4	9	1	11	4	4	2	1	7	2	10	39	15	1	0	0	4	1	0	0	18	3
Baltimore City	6,631	56.6%	13	185	3,850	1182	2	11	35	2	6	15	20	21	52	63	2	213	249	0	2	1	0	32	2	0	0	249	424
Baltimore County	864	7.4%	19	30	113	486	0	2	21	4	2	15	14	11	37	16	2	31	24	1	1	0	1	11	3	0	6	12	2
Calvert County	98	0.8%	6	7	6	5	29	0	0	0	10	0	1	1	0	1	1	10	16	0	2	0	0	2	0	0	0	1	0
Caroline County	74	0.6%	3	1	8	6	0	28	1	0	0	5	0	1	0	0	0	1	0	4	0	0	4	5	6	0	1	0	0
Carroll County	115	1.0%	22	0	12	10	0	0	32	0	0	1	9	3	0	3	0	4	2	0	0	0	0	12	2	0	1	2	0
Cecil County	104	0.9%	7	0	12	8	0	0	0	48	0	0	0	0	3	0	2	5	0	3	0	0	0	0	0	0	6	2	8
Charles County	147	1.3%	3	7	16	5	0	0	1	0	52	1	1	7	0	0	2	6	30	0	3	0	0	3	1	0	0	5	4
Dorchester County	59	0.5%	2	1	4	5	0	1	1	0	0	30	0	0	0	0	1	2	2	2	0	0	3	1	3	0	0	1	0
Frederick County	247	2.1%	22	1	17	20	0	1	4	1	0	2	70	7	1	1	0	25	6	0	0	0	59	0	0	6	3	1	
Garrett County	52	0.4%	2	0	2	3	0	0	0	0	0	0	1	34	0	0	0	2	1	0	0	0	0	7	0	0	0	0	0
Harford County	318	2.7%	3	3	71	28	1	1	2	8	0	5	1	7	160	4	2	1	3	1	0	0	0	0	0	0	6	5	6
Howard County	127	1.1%	11	3	32	20	1	0	3	0	0	0	3	2	0	33	0	9	2	0	0	0	0	4	0	0	0	2	2
Kent County	42	0.4%	3	0	5	3	0	0	0	0	0	0	0	0	0	0	18	1	0	5	0	0	2	0	4	0	0	1	0
Montgomery County	756	6.5%	32	11	58	15	1	0	10	4	2	1	24	7	0	5	0	460	60	0	0	0	0	20	1	0	14	20	11
Prince George's County	747	6.4%	11	21	47	32	4	0	14	2	25	7	2	10	1	9	2	54	450	1	3	1	0	7	2	0	28	11	3
Queen Anne's County	40	0.3%	1	5	3	1	0	2	0	0	0	2	0	1	0	0	5	1	2	11	0	0	2	0	1	0	0	3	0
Saint Mary's County	72	0.6%	2	0	1	3	0	0	3	0	12	1	0	6	1	0	0	1	14	0	20	0	0	1	2	0	0	5	0
Somerset County	60	0.5%	0	0	7	2	0	0	2	0	0	3	1	0	0	0	4	1	0	1	1	16	10	1	9	1	0	0	1
Talbot County	44	0.4%	2	1	3	2	0	2	0	1	0	2	0	0	0	0	1	1	0	1	0	0	20	2	5	0	0	1	0
Washington County	293	2.5%	25	1	17	6	0	2	3	0	0	0	11	3	0	0	0	7	6	0	0	0	0	200	1	0	7	3	1
Wicomico County	179	1.5%	4	1	32	19	0	0	4	2	0	8	0	1	0	1	4	9	2	1	0	0	17	0	71	0	0	3	0
Worcester County	69	0.6%	3	1	10	3	0	1	1	0	0	2	0	1	0	0	5	1	1	0	0	1	12	1	12	8	1	5	0
Out-of-State	63	0.5%	3	1	9	3	0	0	3	0	0	0	2	1	0	0	1	6	14	0	0	0	0	5	0	0	11	4	0
Jurisdiction Unknown	11	0.1%	0	0	0	2	0	0	0	1	0	0	0	0	0	1	0	4	1	0	0	0	0	0	2	0	0	0	0
<b>TOTAL</b>	<b>11,718</b>	<b>100.0%</b>	<b>312</b>	<b>386</b>	<b>4,432</b>	<b>1,899</b>	<b>38</b>	<b>55</b>	<b>149</b>	<b>74</b>	<b>120</b>	<b>104</b>	<b>166</b>	<b>130</b>	<b>256</b>	<b>144</b>	<b>54</b>	<b>865</b>	<b>926</b>	<b>46</b>	<b>33</b>	<b>19</b>	<b>71</b>	<b>382</b>	<b>128</b>	<b>9</b>	<b>92</b>	<b>362</b>	<b>466</b>
% of children from jurisdiction placed in jurisdiction			78.7%	28.6%	58.1%	56.3%	29.6%	37.8%	27.8%	46.2%	35.4%	50.8%	28.3%	65.4%	50.3%	26.0%	42.9%	60.8%	60.2%	27.5%	27.8%	26.7%	45.5%	68.3%	39.7%	11.6%	n/a	n/a	n/a
% children statewide placed in jurisdiction (total)			2.7%	3.3%	37.8%	16.2%	0.3%	0.5%	1.3%	0.6%	1.0%	0.9%	1.4%	1.1%	2.2%	1.2%	0.5%	7.4%	7.9%	0.4%	0.3%	0.2%	0.6%	3.3%	1.1%	0.1%	0.8%	3.1%	4.0%

Table 11: All Placement Types: Jurisdiction of Placement, All Agencies, by Home Jurisdiction

As can be seen from the table above, Baltimore City has the overwhelming majority of children in out-of-home placement, both in comparison to other jurisdictions and as a numerical majority. Of all of the children placed outside of their home, statewide, 57% were from Baltimore City; the jurisdiction with the next greatest percentage of children in out-of-home placement is Baltimore County at 7.4%. In fact, with the exception of Prince George's County (6.5%) and Montgomery County (6.4%), the remaining jurisdictions each constitute less than 3.5% of all of the children in out-of-home placement.

Despite, or perhaps because of, the large number of children in placement from Baltimore City, only 58.1% of Baltimore City children are placed in their home jurisdiction. A similar percentage, 56.3%, of children from Baltimore County are placed in their home jurisdiction. Only one jurisdiction (Allegany County) has greater than three-quarters of its children placed in its jurisdiction. The jurisdiction with the lowest percentage of children placed in its jurisdiction is Worcester County, with only 8 of its 69 youth in placement in their home jurisdiction. Other jurisdictions with low percentages of children in placement in their home jurisdiction include Anne Arundel County, Calvert County, Carroll County, Howard County, Frederick County, Queen Anne's County, Somerset County, and St. Mary's County, all with fewer than 30% of their children placed in their jurisdiction.

The jurisdictions listed above represent a diverse mix of demographics and situations. Anne Arundel County has the fifth greatest number of children in placement, yet only 28.7% of children are placed there and only 3.3% of *all* children in the state are placed in that jurisdiction. This indicates that the county has fewer placements available in proportion to the number of children in need of placement, and that beds are not being taken up by children from other jurisdictions.

Baltimore County, on the other hand, has only 7.3% of the state total number of children in out-of-home placement, but receives 16.2% of the state's children in out-of-home placement. With only 56.8% of Baltimore County children placed in their home jurisdiction, it is clear that the capacity in the county is sufficient to serve far more Baltimore County children. However, the beds are being used by children from other jurisdictions, which displaces Baltimore County children into other jurisdictions. While most of the beds are being used by children from Baltimore City (1,182 beds), there are children from *every single jurisdiction* in the state placed in Baltimore County.

### ***General Recommendations for Improving Out-of-Home Placements***

- When possible and appropriate, children should be given preference for placements within their home jurisdiction over children from other jurisdictions.
- An emphasis should be made on placing children and youth, including older youth and those with specialized needs, in family-like settings.
- Children and youth should be served in-state, with out-of-state placements used as only a last resort or when the placement will allow the child to be placed with a family member or family friend or in greater proximity to their home than an available in-state placement.
- The State should support DHR's Place Matters initiative, which aims to: keep children in their communities; place children in family settings rather than group homes; minimize the

length of stay in out-of-home care; reallocate DHR resources to provide more preservation services; and, manage with data to improve decision-making, oversight and accountability.

- The State should implement the recommendations of the Ready by 21<sup>TM</sup> Action Agenda (Transition-Aged Youth Action Plan), as is feasible and appropriate, to ensure adequate services and resources for youth in out-of-home placement and those aging out of care.
- The State should evaluate the feasibility of expanding community-based services, such as respite and wraparound, as well as evidence-based practices, including functional family therapy, multi-systemic therapy, and brief strategic family therapy (See discussion below.)
- The State should support DJS's strategic plan, particularly as it relates to reducing reliance on out-of-state placements, including expanding residential treatment programs, ensuring cultural competence, promoting greater family involvement, and improving assessments and treatment.

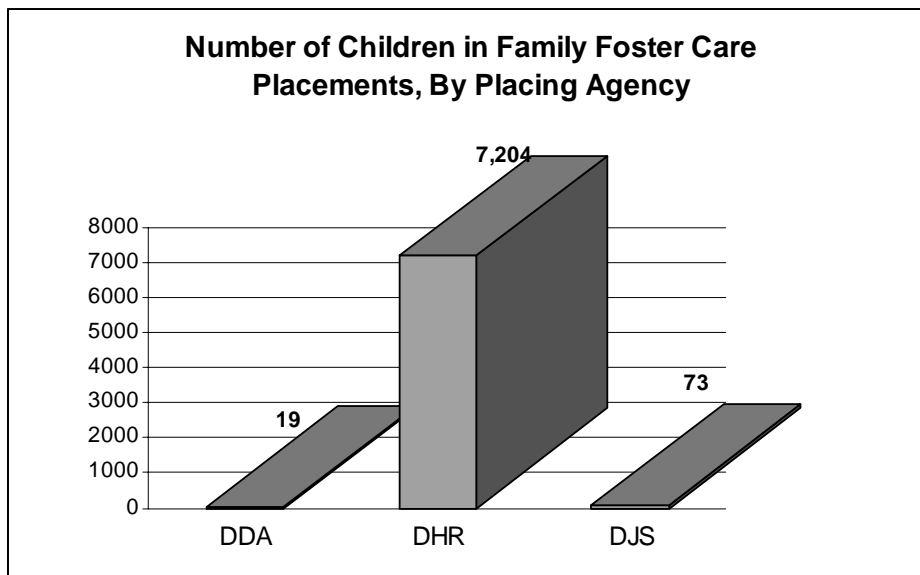
The sections that follow will provide a more detailed analysis of the placement data at the macro category level—family foster care, community-based residential placements, non-community-based residential placements, and hospitalizations. This will allow for a more reasoned approach to the analysis and recommendations, as it will examine the placements within the context of the placement structure and category.



## Family Foster Care

There were 7,296 children in family foster care placements on the one-day count. This includes children in kinship care and other relative placements (formal and informal), regular foster care, treatment foster care, adoptive and pre-adoptive, and individual family care homes (DDA-placed children only). Two-thirds of the children (66.3%, or 4,847) were placed in their home jurisdictions.

Children were placed into family foster care placements by DDA, DHR, and DJS. The graph below provides a visual representation of the number of children in family foster care placements by placing agency.



**Figure 4: Number of children in family foster care placements, by placing agency**

As can be seen from the graph above, 99% of all family foster care placements are by DHR and the local departments of social services. Therefore, the majority of the subsequent discussion will focus on an analysis of DHR family foster care placements.

The table that follows provides an overview of the number of youth in placement in the single day count, by jurisdiction, and where each youth was placed. The first column provides the number of youth *from* the home jurisdiction that was in a placement in the single day count. The second column provides the percentage that number represents with regard to the total number of youth in placement on that date, statewide. The columns that follow provide the name of the jurisdiction where the youth was placed. The rows at the bottom of the table provide the percentage of children who were from the jurisdiction *and placed* in that jurisdiction. The final row provides the percentage of children who were placed in that jurisdiction, out of the total number of children placed on that date, statewide.

			ALL AGENCIES, FAMILY FOSTER CARE PLACEMENTS																											
Home Jurisdiction of Children in FFC Placements	# children from jurisdiction in placement	% of children statewide in FFC placements from jurisdiction	Jurisdiction Where Children Were Placed																											
			Alegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Carolina	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown	
Alegany County	93	1.3%	78	0	1	2	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	1	0	0	5	3	0		
Anne Arundel County	156	2.1%	0	74	32	9	0	3	0	0	2	0	3	0	1	2	1	1	8	15	1	0	0	0	1	0	0	2	1	
Baltimore City	4749	65.1%	2	115	3147	729	2	2	10	1	5	1	5	0	45	34	0	73	112	0	2	0	0	6	0	0	138	320		
Baltimore County	386	5.3%	2	8	50	251	0	2	14	2	0	0	1	0	33	6	0	1	7	0	0	0	2	1	0	0	6	0		
Calvert County	40	0.5%	0	2	1	0	27	0	0	0	5	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0		
Caroline County	46	0.6%	0	0	1	2	0	27	0	0	0	3	0	0	0	0	0	0	4	0	0	4	0	4	0	1	0	0		
Carroll County	34	0.5%	0	0	2	0	0	0	29	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0		
Cecil County	66	0.9%	0	0	0	0	0	0	0	48	0	0	0	3	0	0	2	0	3	0	0	0	0	0	0	2	2	6		
Charles County	70	1.0%	0	0	3	0	0	0	0	0	46	0	0	0	0	0	0	16	0	2	0	0	0	0	0	0	2	1		
Dorchester County	33	0.5%	0	1	1	0	0	1	0	0	0	23	0	0	0	0	0	0	2	0	0	3	0	1	0	0	1	0		
Frederick County	113	1.5%	4	0	6	6	0	0	0	0	0	0	58	0	1	1	0	6	4	0	0	0	21	0	0	5	0	1		
Garrett County	30	0.4%	1	0	0	0	0	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Harford County	212	2.9%	1	0	28	8	0	0	1	6	0	0	0	0	149	2	1	0	1	1	0	0	0	0	0	6	3	5		
Howard County	56	0.8%	2	1	15	10	0	0	0	0	0	0	0	0	23	0	2	0	0	0	0	0	1	0	0	0	2	0		
Kent County	22	0.3%	0	0	1	1	0	0	0	0	0	0	0	0	0	12	0	0	5	0	0	2	0	1	0	0	0	0		
Montgomery County	373	5.1%	0	3	9	1	1	0	2	3	2	0	14	0	0	4	0	275	32	0	0	0	8	0	0	7	6	6		
Prince George's County	385	5.3%	1	7	20	13	4	0	0	0	25	0	0	0	1	4	0	13	277	1	1	0	1	1	0	6	8	2		
Queen Anne's County	19	0.3%	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	11	0	0	2	0	1	0	0	1	0		
Saint Mary's County	37	0.5%	0	0	0	0	0	0	0	0	11	0	0	2	1	0	0	4	0	18	0	0	0	1	0	0	0	0		
Somerset County	34	0.5%	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	12	10	0	4	1	0	0	1		
Talbot County	26	0.4%	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	20	0	3	0	0	0	0		
Washington County	181	2.5%	7	0	6	1	0	0	0	0	0	0	3	1	0	0	0	5	0	0	0	0	150	1	0	5	2	0		
Wicomico County	89	1.2%	0	0	9	4	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	17	0	55	0	0	1	0		
Worcester County	40	0.5%	0	0	5	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	12	0	9	8	1	2	0		
Out-of-State	1	0.0%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Jurisdiction Unknown	5	0.1%	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	0	0	0	0		
<b>TOTAL</b>	<b>7296</b>	<b>100.0%</b>	<b>98</b>	<b>213</b>	<b>3340</b>	<b>1040</b>	<b>34</b>	<b>38</b>	<b>56</b>	<b>60</b>	<b>96</b>	<b>30</b>	<b>84</b>	<b>35</b>	<b>234</b>	<b>80</b>	<b>14</b>	<b>375</b>	<b>471</b>	<b>45</b>	<b>26</b>	<b>13</b>	<b>70</b>	<b>190</b>	<b>85</b>	<b>9</b>	<b>38</b>	<b>179</b>	<b>343</b>	
% of children from jurisdiction placed in jurisdiction			83.9%	47.4%	66.3%	65.0%	67.5%	58.7%	85.3%	72.7%	65.7%	69.7%	51.3%	96.7%	70.3%	41.1%	54.5%	73.7%	71.9%	57.9%	48.6%	35.3%	76.9%	82.9%	61.8%	20.0%	n/a	n/a	n/a	
% children statewide in FFC placed in jurisdiction (total)			1.3%	2.9%	45.8%	14.3%	0.5%	0.5%	0.8%	0.8%	1.3%	0.4%	1.2%	0.5%	3.2%	1.1%	0.2%	5.1%	6.5%	0.6%	0.4%	0.2%	1.0%	2.6%	1.2%	0.1%	0.5%	2.5%	4.7%	

Table 12: Family Foster Care: Jurisdiction of Placement, All Agencies, by Home Jurisdiction

Children from Baltimore City represented 65% of all children in family foster care placements, and 66% of Baltimore City children were placed in their home jurisdiction. In fact, only 193 family foster care beds in Baltimore City were filled with children from other jurisdictions. This clearly points to a lack of capacity within City limits to serve children in family foster care placements. By contrast, there were only 386 children from Baltimore County in family foster care placements, but there were 1,040 children *placed* in family foster care settings in Baltimore County.

The three westernmost jurisdictions in the state—Garrett, Allegany and Washington Counties—show some of the greatest capacity for serving children within their own jurisdictions, at 96.7%, 83.0%, and 82.9%, respectively. On the Eastern Shore, Worcester County has the lowest percentage of children placed in their own jurisdiction, at 20%. Somerset County also has a low percentage, at 35.3%. These numbers are of concern and attention should be given to localized recruitment efforts to increase the number of family foster care providers in counties on the Eastern Shore.

In some parts of the state there is a lack of capacity. This is particularly true for some of the Eastern Shore jurisdictions. In other instances, there is essentially sufficient capacity but the beds are filled with children from other jurisdictions. For example, Howard County has 56 children in family foster care placements and 80 children *placed* in the jurisdiction, but only 23 of their *own* children placed in their jurisdiction—there are 34 beds filled with children from Baltimore City. A similar situation exists for Anne Arundel County, which had 155 children in family foster care placements and 213 children *placed* in the County. However, only 74 children from Anne Arundel County were placed inside of the jurisdiction, due in part to the number of children from Baltimore City (32), Queen Anne’s County (15), and Baltimore County (8) placed there instead.

However, the issue of whether children are placed in their home jurisdiction, particularly in the category of family foster care, is not as simple as just looking at raw numbers. Many of the children in family foster care placements are in kinship, relative, and other “restricted” placements (meaning that the foster home is specifically tailored to that particular child). A child placed outside of his or her home jurisdiction may very well be placed with a friend or relative, which is beneficial for the child and may be equally or more important than remaining within the jurisdiction. Additionally, some children placed outside their home jurisdiction may actually be physically closer to their community of origin, depending on where in the jurisdiction they are placed. For example, a child from Hyattsville in Prince George’s County who is placed in Silver Spring in Montgomery County is closer to his or her community of origin than if he or she were placed in Seat Pleasant, in the southern part of Prince George’s County.

### ***Recommendations for improving family foster care***

- The State should recruit additional family foster care providers, for both regular and treatment foster care, consistent with DHR’s Recruitment Plan and recommendations from members of the Maryland Foster Parent Association.
- Treatment foster care providers should work with child-placing agencies to ensure new treatment foster parents are recruited from those jurisdictions in which there is the greatest need.

- Support should be provided to the ongoing efforts in the state to implement an effective evidence-based practice (EBP) model of treatment foster care (TFC) (see discussion below under “Ongoing Initiatives.”). Alongside this recommendation should be the expansion of the availability and utilization of TFC for DJS youth, consistent with the EBP models.

The remainder of this section is devoted to looking more closely at family foster care placements by placing agency—DHR, DJS and DDA. DHR will be analyzed first as it represents the majority of placements.

### ***DHR Family Foster Care Placements***

There were 7,204 children placed by DHR into family foster care placements. Of these children, 4,826, or 70%, were placed in their home jurisdiction. It is important to note that 46.5% (3,349) of all DHR children were in a formal kinship, kinship care, relative adoptive, relative foster care, restricted foster care, or restricted (relative) foster care placement. These children placed with kin and friends (in some capacity) represent 40% of all placements in any category. (See the table at the end of the DHR Family Foster Care analysis for the jurisdictional analysis of placement.)

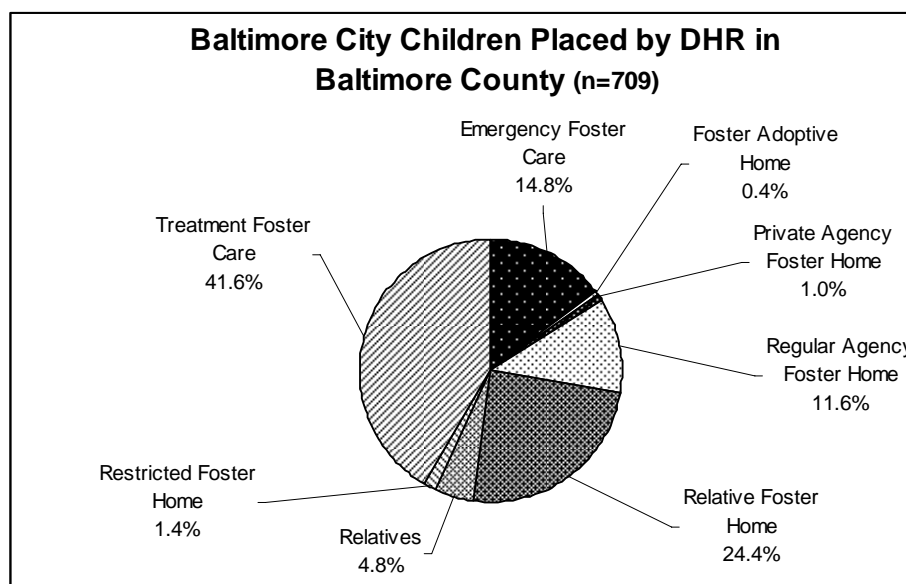
Garrett County is the only jurisdiction that had 100% of its children placed within county limits, with all 29 children placed in Garrett County. Again, the westernmost jurisdictions had high percentages of children placed within their home jurisdiction. Several Eastern Shore jurisdictions, including Dorchester, Kent, and Talbot Counties, also had high percentages of children placed within their own jurisdictions.

Almost half of all family foster care placements—46%—were in Baltimore City. While 67% of the Baltimore City placements were filled with children from Baltimore City, one-third of placements were filled with children from other jurisdictions. This includes 32 children from Anne Arundel County and 50 children from Baltimore County, both jurisdictions that are directly adjacent to Baltimore City. However, there are also 9 children from Wicomico County and 4 children from Worcester County, which is a considerable distance to travel for a family foster care setting. These 13 children are all in treatment foster care placements, which should ideally be located on the Eastern Shore at a minimum, if not in the home jurisdiction of the children.

As has been noted throughout this report, the volume of children from Baltimore City has an impact on the entire state due to the domino effect of insufficient placements in the home jurisdiction pushing children from adjacent jurisdictions out of placement beds in their own county. By way of example, below is the breakdown of children from Baltimore City who were placed by DHR in Baltimore County, thereby displacing Baltimore County children from beds in their own county. There were 709 children from Baltimore City placed in family foster care placements in Baltimore County.

<i>Baltimore City children placed by DHR in Baltimore County</i>	
<b>Type of Family Foster Care</b>	<b># of Youth</b>
Emergency Foster Care	105
Foster Adoptive Home	3
Private Agency Foster Home	7
Regular Agency Foster Home	82
Relative Foster Home	173
Relatives	34
Restricted Foster Home	10
Treatment Foster Care	295
<b>TOTAL</b>	<b>709</b>

**Table 13: Baltimore City children placed by DHR in Baltimore County**

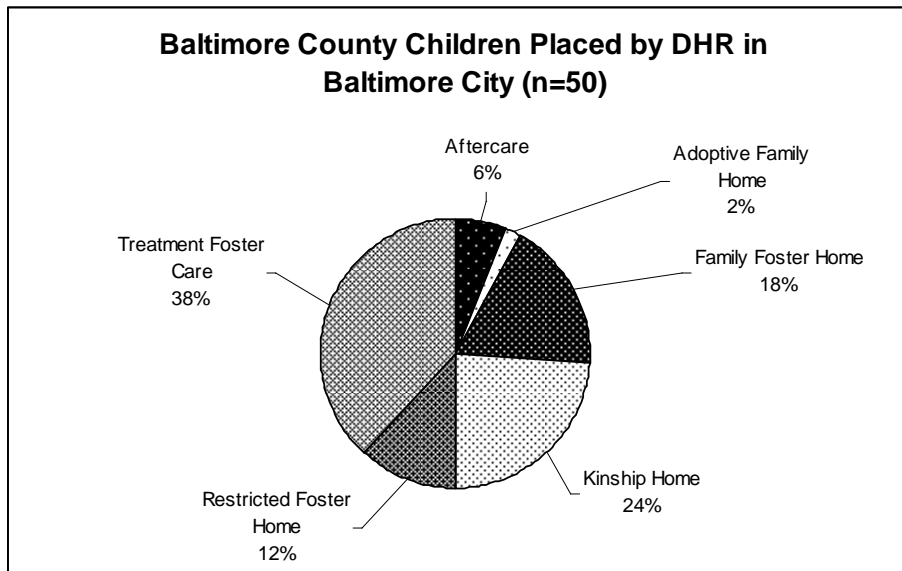


**Figure 5: Baltimore City children placed by DHR in Baltimore County**

As can be seen from the table and graph above, 30.6% of Baltimore City children placed by DHR into Baltimore County are in restricted or relative foster homes. Therefore, the remaining 70% of beds (approximately 496 beds) are being used by Baltimore City children and potentially displacing Baltimore County children into other jurisdictions. (It is assumed that restricted or relative foster homes likely would not have been available as resources to the general foster care population in the jurisdiction.) There were 50 Baltimore County children placed in Baltimore City. While the number is dramatically different (709 versus 50), it is interesting to examine the type of placement that Baltimore County children are in within Baltimore City. As can be seen in the table and graph below, 44% of the County children in the City are in an aftercare, adoptive, kinship, or restricted foster care setting. That leaves 56% of children in a traditional or treatment foster home.

<i>Baltimore County children placed by DHR in Baltimore City</i>	
<b>Type of Family Foster Care</b>	<b># of Youth</b>
Adoptive Family Home	1
Aftercare	3
Family Foster Home	9
Kinship Home	12
Restricted Foster Home	6
Treatment Foster Care	19
<b>TOTAL</b>	<b>50</b>

**Table 14: Baltimore County children placed by DHR in Baltimore City**



**Figure 6: Baltimore County children placed by DHR in Baltimore City**

Baltimore County children are placed throughout the state. In addition to placements in Baltimore City, Baltimore County children are placed in Anne Arundel, Allegany, Caroline, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince George’s, Washington, and Wicomico Counties, as well as 6 children placed out-of-state.

This discussion is just one example of how the children in the state, and particularly in the central region of the state, are pushing one another out of their own jurisdictions and into adjacent and sometimes non-adjacent jurisdictions and even states. As noted above, some of these placements are kinship and restricted foster care placements. However, there are still a significant number of children who are placed far from home due to a lack of traditional foster care in their home jurisdiction.

### ***DJS Family Foster Care Placements***

There were 73 children placed by DJS in family foster care placements on January 30, 2007, representing fewer than 5% of all children placed by DJS. The majority of these children came from Baltimore City (19) and Prince George’s County (14). Almost all DJS family foster care placements are treatment foster care placements (93%, or 69 youth). Eighteen (18) of the youth were placed in their home jurisdiction, representing 25% or one-quarter of all DJS family foster

care placements. The majority of children placed by DJS in family foster care were placed in Baltimore County (53%), Allegany County (15%), and Talbot County (9%). Just over 1% of children were placed out-of-state. (See table at end of section for jurisdictional breakdown.)

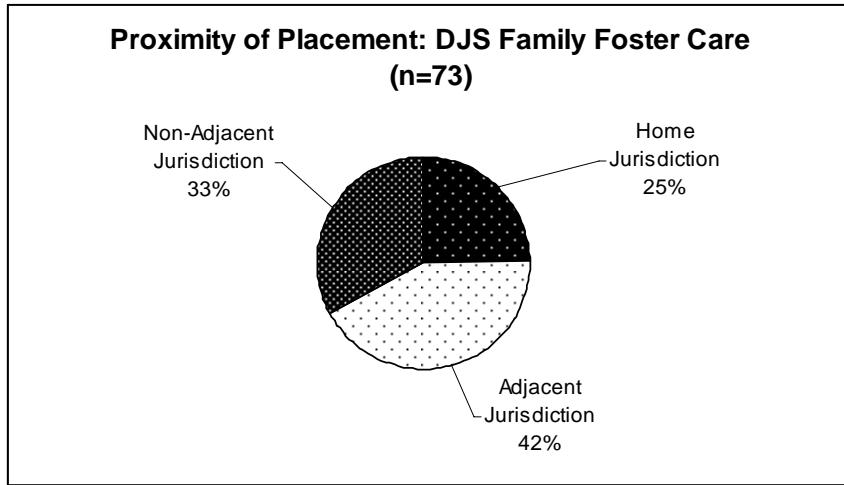


Figure 7: Proximity of Placement, DJS Family Foster Care

### DDA Family Foster Care Placements

There were 19 youth placed by DDA in family foster care on January 30, 2007. Only three (3) (16%) of these youth were placed in their home jurisdiction. Eight (8) youth were placed in an adjacent jurisdiction, and two youth were in non-adjacent jurisdictions. Both youth placed in non-adjacent jurisdictions were from the western part of the state. It was noted by the DDA Western Regional Office that there are no licensed children’s residential programs in any of the five westernmost jurisdictions and that the Western Region Office is not the lead agency for any residential placements of children in Carroll, Frederick, Washington, Allegany, and Garrett Counties. There were five children whose home jurisdiction was unknown, and one youth was from out-of-state. (See table at end of section for jurisdictional breakdown.)

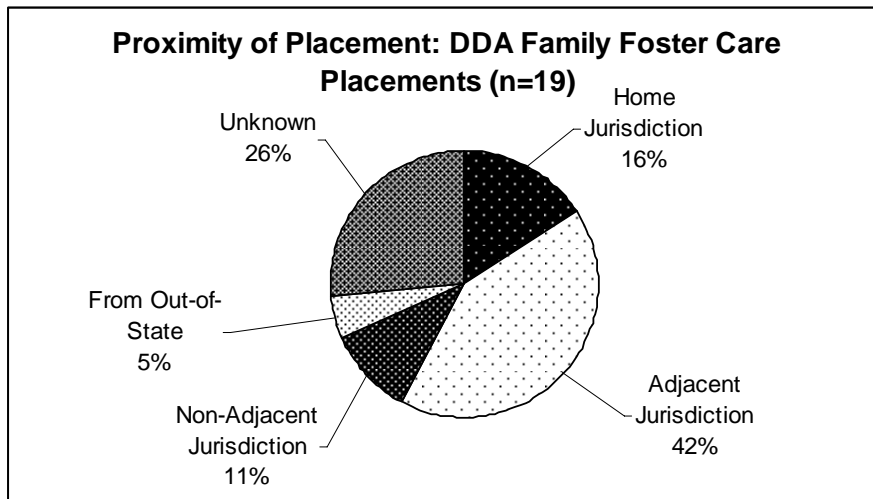


Figure 8: Proximity of Placement, DDA Family Foster Care

DEPARTMENT OF HUMAN RESOURCES, FAMILY FOSTER CARE PLACEMENTS

Home Jurisdiction of Children in DHR Family Foster Care Placements	# from jurisdiction in placement	% in family foster care placements from jurisdiction	Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown
Allegany County	87	1.2%	73	0	1	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	1	0	0	5	3	0	
Anne Arundel County	154	2.1%	0	74	32	8	0	3	0	0	2	0	3	0	1	2	1	1	8	15	0	0	0	0	1	0	0	2	1
Baltimore City	4,727	65.6%	2	115	3,146	709	2	2	10	1	4	1	5	0	45	34	0	73	112	0	2	0	0	6	0	0	138	320	
Baltimore County *	378	5.2%	2	8	50	243	0	2	14	2	0	0	1	0	33	6	0	1	7	0	0	0	2	1	0	0	6	0	
Calvert County	39	0.5%	0	2	1	0	27	0	0	0	5	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	
Caroline County	43	0.6%	0	0	1	2	0	27	0	0	0	3	0	0	0	0	0	4	0	0	0	1	0	4	0	1	0	0	
Carroll County	34	0.5%	0	0	2	0	0	0	29	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	
Cecil County	66	0.9%	0	0	0	0	0	0	0	48	0	0	0	0	3	0	0	2	0	3	0	0	0	0	0	2	2	6	
Charles County	70	1.0%	0	0	3	0	0	0	0	0	46	0	0	0	0	0	0	16	0	2	0	0	0	0	0	0	2	1	
Dorchester County	32	0.4%	0	1	1	0	0	1	0	0	0	23	0	0	0	0	0	2	0	0	0	2	0	1	0	0	1	0	
Frederick County	109	1.5%	3	0	6	4	0	0	0	0	0	0	58	0	0	1	0	6	4	0	0	0	21	0	0	5	0	1	
Garrett County	29	0.4%	0	0	0	0	0	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	210	2.9%	1	0	28	6	0	0	1	6	0	0	0	0	149	2	1	0	1	1	0	0	0	0	0	6	3	5	
Howard County	52	0.7%	2	1	15	7	0	0	0	0	0	0	0	0	0	22	0	2	0	0	0	0	1	0	0	0	2	0	
Kent County	19	0.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	12	0	0	5	0	0	1	0	0	0	0	0	0	
Montgomery County	371	5.1%	0	3	9	1	1	0	2	3	2	0	14	0	0	4	0	273	32	0	0	0	8	0	0	7	6	6	
Prince George's County	370	5.1%	0	6	18	5	4	0	0	0	25	0	0	0	1	4	0	12	276	0	1	0	0	1	1	6	8	2	
Queen Anne's County	18	0.2%	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	11	0	0	1	0	1	0	0	1	0	
Saint Mary's County	37	0.5%	0	0	0	0	0	0	0	0	11	0	0	2	1	0	0	4	0	18	0	0	0	1	0	0	0	0	
Somerset County	34	0.5%	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	12	10	0	4	1	0	0	1	
Talbot County	26	0.4%	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	20	0	3	0	0	0	0	
Washington County	175	2.4%	4	0	6	1	0	0	0	0	0	0	3	1	0	0	0	4	0	0	0	0	148	1	0	5	2	0	
Wicomico County	86	1.2%	0	0	9	4	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	16	0	54	0	0	0	0	
Worcester County	38	0.5%	0	0	4	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	12	0	8	8	1	2	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>7,204</b>	<b>100.0%</b>	<b>87</b>	<b>212</b>	<b>3,336</b>	<b>992</b>	<b>34</b>	<b>38</b>	<b>56</b>	<b>60</b>	<b>95</b>	<b>30</b>	<b>84</b>	<b>35</b>	<b>233</b>	<b>78</b>	<b>14</b>	<b>371</b>	<b>469</b>	<b>44</b>	<b>24</b>	<b>13</b>	<b>63</b>	<b>188</b>	<b>80</b>	<b>9</b>	<b>38</b>	<b>178</b>	<b>343</b>
% of children from jurisdiction placed in jurisdiction			83.9%	48.1%	66.6%	64.3%	69.2%	62.8%	85.3%	72.7%	65.7%	71.9%	53.2%	100.0%	71.0%	42.3%	63.2%	73.6%	74.6%	61.1%	48.6%	35.3%	76.9%	84.6%	62.8%	21.1%	n/a	n/a	n/a
% all children in FFC placed in jurisdiction (total)			1.2%	2.9%	46.3%	13.8%	0.5%	0.5%	0.8%	0.8%	1.3%	0.4%	1.2%	0.5%	3.2%	1.1%	0.2%	5.1%	6.5%	0.6%	0.3%	0.2%	0.9%	2.6%	1.1%	0.1%	0.5%	2.5%	4.8%

\*The name of the state of placement was not provided for 4 of the children placed out-of-state from Baltimore County.

Table 15: Family Foster Care: Jurisdiction of Placement, DHR, by Home Jurisdiction  
State Resource Plan 2007



Home Jurisdiction of Children in DJS FFC Placements	# from jurisdiction in placement	% in family foster care placements from jurisdiction	DEPARTMENT OF JUVENILE SERVICES, FAMILY FOSTER CARE PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown
Allegany County	6	8.2%	5	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel County	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Baltimore City	19	26.0%	0	0	1	17	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore County	7	9.6%	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert County	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Caroline County	3	4.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	
Carroll County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester County	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
Frederick County	3	4.1%	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett County	1	1.4%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	2	2.7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard County	1	1.4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent County	3	4.1%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	
Montgomery County	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
Prince George's County	14	19.2%	1	0	2	8	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	
Queen Anne's County	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington County	5	6.8%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	
Wicomico County	3	4.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	
Worcester County	1	1.4%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>73</b>	<b>100.0%</b>	<b>11</b>	<b>0</b>	<b>4</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>		
% of children from jurisdiction placed in jurisdiction			83.3%	0.0%	5.3%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	7.1%	0.0%	0.0%	0.0%	0.0%	40.0%	33.3%	0.0%	n/a	n/a	n/a		
% all children in FFC placed in jurisdiction (total)			15.1%	0.0%	5.5%	53.4%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.4%	1.4%	2.7%	0.0%	9.6%	2.7%	2.7%	0.0%	0.0%	1.4%	0.0%		

\*almost all DJS family foster care placements are treatment foster care (69, or 93%)

**Table 16: Family Foster Care: Jurisdiction of Placement, DJS, by Home Jurisdiction**

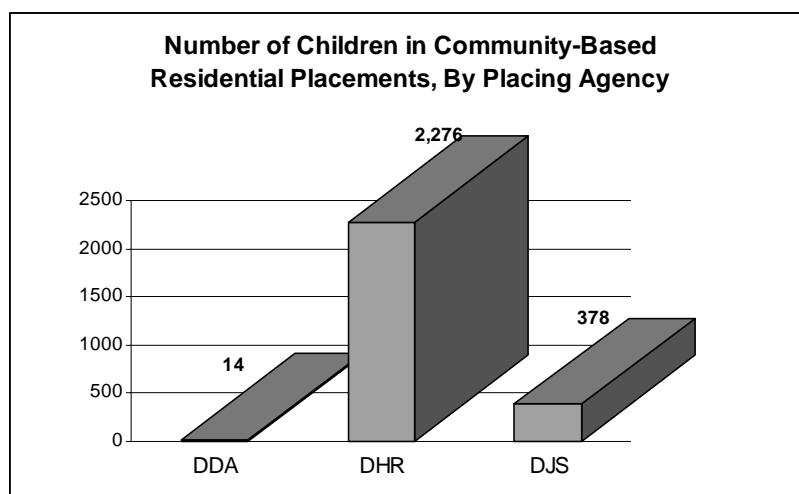
Home Jurisdiction of Children in DDA FFC Placements	# from jurisdiction in placement	% in family foster care placements from jurisdiction	DEVELOPMENTAL DISABILITIES ADMINISTRATION, DHMH, FAMILY FOSTER CARE PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	ODS-Adjacent	ODS-Not Adjacent	Unknown
Allegany County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel County	1	5.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	3	15.8%	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore County	1	5.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick County	1	5.3%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard County	3	15.8%	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery County	1	5.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
Prince George's County	1	5.3%	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Queen Anne's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington County	1	5.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
Wicomico County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester County	1	5.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Out-of-State	1	5.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jurisdiction Unknown	5	26.3%	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	0	
<b>TOTAL</b>	<b>19</b>	<b>100.0%</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
% of children from jurisdiction placed in jurisdiction			0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	
% all children in FFC placed in jurisdiction (total)			0.0%	5.3%	0.0%	47.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	10.5%	0.0%	10.5%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	15.8%	0.0%	0.0%	0.0%	0.0%	0.0%	

Table 17: Family Foster Care: Jurisdiction of Placement, DDA, by Home Jurisdiction

## Community-Based Residential Placements

There were 2,668 children in community-based residential placements in the one-day count. This includes children in group homes and independent living programs. Thirty-eight percent (38%) of the children (1,024) were placed in their home jurisdictions.

Children were placed into community-based residential placements by DDA, DHR, and DJS. The graph below provides a visual representation of the number of children in family foster care placements by placing agency.



**Figure 9: Number of children in community-based residential placements, by placing agency**

Much like family foster care, the majority (85%) of community-based residential placements were made by DHR. Fourteen percent (14%) of children in community-based placements were placed by DJS, and the remaining 1% were placed by DDA. There are a number of different community-based residential placements, even among the broader category of group homes. Examples of different types of group homes include group homes that are specifically licensed for individuals with developmental disabilities, group homes for teen mothers, and respite or shelter care group home facilities. Therapeutic group homes (TGH) are a special type of group home that is licensed by DHMH/MHA for 4 to 8 youth. TGH provide residential care as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents with mental health disorders. Most children, however, are in a traditional group home, which has 4-8 beds and provides a formal program of basic care, social work, and health care services to those youth who need more structure and supervision than a relative, foster parent, or treatment foster parent could offer.

The table that follows provides an overview of the number of youth in placement in the single day count, by jurisdiction, and where each youth was placed. The first column provides the number of youth *from* the home jurisdiction that was in a placement in the single day count. The second column provides the percentage that number represents with regard to the total number of youth in placement on that date, statewide. The columns that follow provide the name of the jurisdiction where the youth was placed. The rows at the bottom of the table provide the

percentage of children who were from the jurisdiction *and placed* in that jurisdiction. The final row provides the percentage of children who were placed in that jurisdiction, out of the total number of children placed on that date, statewide.

As can be seen in the table, 58% of the children in community-based placements came from Baltimore City. However, only 27% of all occupied community-based placements were within Baltimore City limits. In contrast, only 9% of children in community-based placements were from Baltimore County, but 22% of children in community-based placements were residing in Baltimore County in the one-day count. Other jurisdictions with a disproportionate share of children residing in their counties, although not as significant as Baltimore County, include Montgomery and Prince George's Counties.

Anne Arundel County has approximately 4% of the State's community-based population originating from the county and has approximately 4% of the State's community-based population residing in the county. However, only 18% of children from Anne Arundel County are placed in Anne Arundel County. Instead, they are spread out across 11 other jurisdictions in addition to Anne Arundel County, and are also placed out-of-state. Forty (40) children from Anne Arundel County are placed in Baltimore City, while 55 children from Baltimore City are placed in Anne Arundel County.

One would not expect all children in community-based placements to be residing in their home jurisdictions, particularly those youth that are in need of a more specialized group home placement. However, for 19 out of 24 jurisdictions, less than one-half of the children are placed in their home jurisdictions. Approximately 2% of youth were placed out-of-state. This indicates that there is essentially sufficient capacity within the boundaries of the state to serve children in need of placement, particularly as the number of children in out-of-home placements has been declining.

As will be discussed in greater detail in the section of this report on out-of-state placements, many youth sent out of state have particular emotional or behavioral characteristics that make them more difficult to serve. The capacity that currently exists in the state may not be oriented for the needs of the children currently in care. Appendix 4 provides detailed information on the licensed capacity of residential child care providers, along with the genders they serve and a program description. Further analysis of residential capacity is provided later in this report.

Home Jurisdiction of Children in CB Placements	# children from jurisdiction in placement	% of children statewide in CB placements from jurisdiction	ALL AGENCIES, ALL COMMUNITY-BASED PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	DCS-Adjacent	DCS-Non Adjacent	Unknown
Allegany County	27	1.0%	22	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	
Anne Arundel County	122	4.6%	0	22	40	10	0	1	7	1	9	1	0	0	5	0	5	12	0	0	0	0	3	0	0	0	4	2	
Baltimore City	1,432	53.7%	0	55	535	366	0	4	13	1	1	8	6	9	7	27	0	119	127	0	0	1	0	20	2	0	0	48	83
Baltimore County	249	9.3%	4	9	24	145	0	0	4	2	2	1	2	1	4	9	0	14	14	1	1	0	1	8	2	0	0	0	1
Calvert County	31	1.2%	3	3	3	3	2	0	0	0	5	0	0	0	0	1	0	5	3	0	1	0	0	2	0	0	0	0	
Caroline County	16	0.6%	2	0	3	1	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	5	2	0	0	0	0	
Carroll County	35	1.3%	4	0	5	7	0	0	1	0	0	0	2	2	0	1	0	0	1	0	0	0	10	2	0	0	0	0	
Cecil County	19	0.7%	4	0	6	5	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	
Charles County	23	0.9%	0	1	2	1	0	0	0	0	6	1	0	1	0	0	1	0	2	0	1	0	0	3	0	0	0	1	3
Dorchester County	15	0.6%	0	0	3	4	0	0	1	0	0	3	0	0	0	0	1	2	0	0	0	0	1	0	0	0	0	0	
Frederick County	55	2.1%	4	0	5	3	0	1	1	1	0	0	5	0	0	0	6	2	0	0	0	0	27	0	0	0	0	0	
Garrett County	10	0.4%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	7	0	0	0	0	0	
Harford County	59	2.2%	2	2	20	11	0	1	1	2	0	2	1	0	11	2	0	1	2	0	0	0	0	0	0	0	0	1	
Howard County	38	1.4%	0	1	10	5	0	0	3	0	0	0	0	0	9	0	3	2	0	0	0	0	3	0	0	0	0	2	
Kent County	9	0.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	6	1	0	0	0	0	0	0	1	0	0	0	0	
Montgomery County	169	6.3%	2	4	21	7	0	0	4	1	0	0	5	0	0	1	0	79	26	0	0	0	11	0	0	2	1	5	
Prince George's County	177	6.6%	2	7	8	9	0	0	8	0	0	0	0	0	4	0	25	105	0	2	1	0	6	0	0	0	0	0	
Queen Anne's County	7	0.3%	0	2	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	
Saint Mary's County	13	0.5%	0	0	0	3	0	0	3	0	1	0	0	0	0	0	1	1	0	2	0	0	1	1	0	0	0	0	
Somerset County	15	0.6%	0	0	2	1	0	0	2	0	0	0	0	0	0	1	1	0	0	0	4	0	1	3	0	0	0	0	
Talbot County	10	0.4%	0	0	3	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	1	0	
Washington County	73	2.7%	10	1	6	3	0	2	2	0	0	0	2	0	0	0	4	1	0	0	0	0	41	0	0	0	0	1	
Wicomico County	37	1.4%	0	1	17	4	0	0	0	2	0	2	0	0	0	2	5	1	0	0	0	0	0	3	0	0	0	0	
Worcester County	14	0.5%	0	1	2	2	0	1	0	0	0	0	0	0	0	3	1	0	0	0	0	0	1	3	0	0	0	0	
Out-of-State	9	0.3%	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	0	0	
Jurisdiction Unknown	4	0.1%	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>2,668</b>	<b>100.0%</b>	<b>59</b>	<b>109</b>	<b>723</b>	<b>594</b>	<b>2</b>	<b>12</b>	<b>54</b>	<b>12</b>	<b>24</b>	<b>18</b>	<b>23</b>	<b>14</b>	<b>22</b>	<b>59</b>	<b>14</b>	<b>276</b>	<b>304</b>	<b>1</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>156</b>	<b>20</b>	<b>0</b>	<b>2</b>	<b>56</b>	<b>100</b>
% of children from jurisdiction placed in jurisdiction			81.5%	18.0%	37.4%	58.2%	6.5%	6.3%	2.9%	0.0%	26.1%	0.0%	9.1%	0.0%	18.6%	0.0%	66.7%	46.7%	59.3%	0.0%	15.4%	0.0%	0.0%	56.2%	8.1%	0.0%	n/a	n/a	n/a
% children statewide in CB placed in jurisdiction (total)			2.2%	4.1%	27.1%	22.3%	0.1%	0.4%	2.0%	0.4%	0.9%	0.7%	0.9%	0.5%	0.8%	2.2%	0.5%	10.3%	11.4%	0.0%	0.3%	0.2%	0.0%	5.8%	0.7%	0.0%	0.1%	2.1%	3.7%

Table 18: Community-Based Residential Placements: Jurisdiction of Placement, All Agencies, by Home Jurisdiction

### ***Recommendations for Improving Community-Based Residential Placements***

- Fewer children should be placed in non-community based and even in large community-based placements; an emphasis should be made on placing children and youth, including older youth and those with specialized needs, in family-like settings.
- The State should continue to encourage only thoughtful and selective growth of group homes in Central Maryland in order to realign capacity versus need from one jurisdiction to another.
- The State should continue to encourage the selective development of group homes on the Eastern Shore and Southern Maryland, particularly in those areas that are having extensive difficulty in recruiting family foster parents and/or who are placing children into group homes in Central and Western Maryland, far from their homes and communities.
- The State should continue to encourage new group home providers to serve youth who more frequently go out-of-state. The group homes that are developed should continue to meet regionally identified needs, including serving sibling groups, adolescents, children with severe mental health and behavioral needs, children who are aggressive, fire-setters, or sex offenders, and children with developmental disabilities, in particular those with a significant secondary diagnosis (e.g., mental illness, autism).

The sections that follow will provide additional detail on the children in community-based placements, by placing agency.

### ***DHR Community-Based Placements***

There were 2,276 children placed by DHR into community-based placements in the one-day count. Of these children, 901 (40%) were in their home jurisdiction. Again, Baltimore City has 60% of the children in placement, but only 30% of children in community-based placements statewide are placed in the City. Baltimore County has 212 children in community-based placements, but 25% of all children placed by DHR into community-based placements are placed in Baltimore County. Eight out of 24 jurisdictions have none of their own children placed in their home jurisdiction: Carroll, Cecil, Garrett, Kent, Queen Anne's, Somerset, Talbot, and Worcester Counties all have 0% of their children placed in their jurisdiction. It is important to note that six of these jurisdictions are on the Eastern Shore and the remaining two jurisdictions are located in the western part of the state. This indicates that children placed by DHR are more likely to be served in their home jurisdiction if they are from the central part of the state, as more resources are available there. Fifty-eight children were placed by DHR into an out-of-state community-based residential facility, either due to lack of available bed space or unwillingness to accept particular youth. (See table that follows for DHR jurisdictional breakdown.)

### ***DJS Community-Based Placements***

There were 378 youth placed by DJS into community-based placements, 9 of whom were from out-of-state.<sup>10</sup> One-fourth (25%) of the children placed by DJS into community-based

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<sup>10</sup> DJS has multiple methods for classifying its placement facilities, based on licensing classification, level of security, and characteristics of children placed. The DJS dataset for the one-day count classified Bowling Brook Preparatory School as "Committed-Residential," resulting in a classification of this program and similar out-of-state programs (such as Glen Mills School and Clarinda Academy) as "non-community based" programs. However, the information used to prepare the section of this report on out-of-state placements included a categorization of these placements as "open" programs, based on their security level; therefore, for the purposes of that analysis, these

placements were placed in their home jurisdictions. One-fifth of the children placed by DJS in community-based placements were from Baltimore City; Baltimore County, Montgomery County, and Prince George's County each represented an additional 10% of the children. Garrett and Talbot Counties were the only two jurisdictions that did not have any children from their jurisdictions placed in community-based facilities. Statewide, 21% of the youth were placed in Montgomery County, 14% were placed in Carroll County, 11% were placed in Baltimore City, and 10% were placed in Baltimore County. Montgomery County received a disproportionate number of youth, although 27 out of 37 of the youth *from* Montgomery County were placed in Montgomery County. In contrast, Carroll County only had 1 of the 21 youth from Carroll County actually placed in his or her home jurisdiction; 52 beds were filled in Carroll County with youth from other jurisdictions. (See table that follows for DJS jurisdictional breakdown.)

### ***DDA Community-Based Placements***

There were 14 youth placed by DDA into community-based placements, 50% of whom were placed in their home jurisdiction. One youth was from Montgomery County, five youth were from Prince George's County, four youth were from Somerset County, and the jurisdiction of origin was unknown for four youth. Of the 14 youth, one was placed in Baltimore County, one was placed in Cecil County, and one was placed in Howard County. Five youth were placed in Montgomery County, including the one youth who was from Montgomery County, two youth were placed in Prince George's County (both of whom were from Prince George's County), and all four youth from Somerset County were placed in Somerset County.

In the Eastern Shore Region, two youth were placed outside of their home jurisdiction because those placements were the only available and appropriate placements with the needed services/milieu, per the individual service plan. In the Central Region, three youth were placed outside of their home jurisdiction, but all within the Central Region. Two youth were placed outside of their home jurisdiction because those placements were the only available and appropriate placements with the needed services/milieu, per the individual service plan. One youth was placed outside of his home jurisdiction at the request of the child and family. In the Southern Region, one youth was placed outside of the jurisdiction both because the placement was the only available and appropriate placement with the needed services/milieu, per the individual service plan and because of the proximity to the parents'/guardians' home address. (See table that follows for DDA jurisdictional breakdown.)

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programs were categorized as "community-based residential programs." However, the out-of-state section looks at new SCC approvals for FY07 and does not use the 1/30/07 dataset for its analysis, making direct comparisons unlikely.

Home Jurisdiction of Children in Community-Based Placements	# children from jurisdiction in placement	% of children statewide in CB placements from jurisdiction	DEPARTMENT OF HUMAN RESOURCES, COMMUNITY-BASED PLACEMENTS																											
			Jurisdiction Where Children Were Placed																											
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown	
Allegany County	21	0.9%	17	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0		
Anne Arundel County	98	4.3%	0	16	37	9	0	1	0	1	9	0	0	0	5	3	9	0	0	0	0	2	0	0	0	4	2			
Baltimore City	1,355	59.5%	0	51	516	353	0	4	0	1	1	8	6	9	7	25	0	104	123	0	0	1	0	0	48	83				
Baltimore County	212	9.3%	0	9	19	137	0	0	0	2	2	1	2	1	4	8	0	8	13	1	1	0	1	1	0	0	1			
Calvert County	17	0.7%	1	2	2	2	1	0	0	0	4	0	0	0	1	0	2	1	0	1	0	0	0	0	0	0	0			
Caroline County	6	0.3%	0	0	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0			
Carroll County	14	0.6%	1	0	5	1	0	0	0	0	0	0	2	0	0	1	0	1	0	0	0	1	2	0	0	0	0			
Cecil County	15	0.7%	0	0	6	5	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2			
Charles County	12	0.5%	0	0	1	1	0	0	0	0	4	0	0	0	0	0	1	0	0	0	0	1	0	0	1	3				
Dorchester County	13	0.6%	0	0	3	4	0	0	0	0	0	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0			
Frederick County	38	1.7%	2	0	5	2	0	1	0	1	0	0	5	0	0	4	2	0	0	0	0	16	0	0	0	0	0			
Garrett County	10	0.4%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	7	0	0	0	0	0			
Harford County	53	2.3%	1	2	20	9	0	1	0	2	0	2	1	0	9	2	0	1	2	0	0	0	0	0	0	0	1			
Howard County	29	1.3%	0	1	8	4	0	0	0	0	0	0	0	0	0	9	0	1	1	0	0	0	0	0	0	0	2			
Kent County	2	0.1%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0			
Montgomery County	131	5.8%	2	1	19	7	0	0	0	1	0	0	5	0	0	1	0	51	26	0	0	0	10	0	0	2	1	5		
Prince George's County	135	5.9%	0	4	8	8	0	0	0	0	0	0	0	0	2	0	12	98	0	1	1	0	1	0	0	0	0			
Queen Anne's County	6	0.3%	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0			
Saint Mary's County	7	0.3%	0	0	0	2	0	0	0	0	1	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0			
Somerset County	5	0.2%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0			
Talbot County	10	0.4%	0	0	3	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	1	0			
Washington County	60	2.6%	9	1	6	3	0	2	1	0	0	0	2	0	0	0	2	1	0	0	0	32	0	0	0	0	1			
Wicomico County	19	0.8%	0	0	11	4	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0			
Worcester County	8	0.4%	0	1	2	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0			
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>TOTAL</b>	<b>2,276</b>	<b>100.0%</b>	<b>33</b>	<b>90</b>	<b>680</b>	<b>557</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>11</b>	<b>21</b>	<b>14</b>	<b>23</b>	<b>10</b>	<b>20</b>	<b>54</b>	<b>2</b>	<b>191</b>	<b>284</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>92</b>	<b>14</b>	<b>0</b>	<b>2</b>	<b>56</b>	<b>100</b>	
% of children from jurisdiction placed in jurisdiction			81.0%	16.3%	38.1%	64.6%	5.9%	16.7%	0.0%	0.0%	33.3%	23.1%	13.2%	0.0%	17.0%	31.0%	0.0%	38.9%	72.6%	0.0%	14.3%	0.0%	0.0%	53.3%	5.3%	0.0%	n/a	n/a	n/a	
% children statewide in CB placed in jurisdiction (total)			1.4%	4.0%	29.9%	24.5%	0.0%	0.5%	0.0%	0.5%	0.9%	0.6%	1.0%	0.4%	0.9%	2.4%	0.1%	8.4%	12.5%	0.0%	0.2%	0.1%	0.0%	4.0%	0.6%	0.0%	0.1%	2.5%	4.4%	

Table 19: Community-Based Residential Placements: Jurisdiction of Placement, DHR, by Home Jurisdiction



DEPARTMENT OF JUVENILE SERVICES, COMMUNITY-BASED PLACEMENTS

Home Jurisdiction of Children in Community-Based Placements	# children from jurisdiction in placement	% of children statewide in CB placements from jurisdiction	Jurisdiction Where Children Were Placed																													
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown			
			Allegany County	6	1.6%	5	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel County	24	6.3%	0	6	3	1	0	0	7	0	0	1	0	0	0	0	2	3	0	0	0	0	1	0	0	0	0	0	0	0		
Baltimore City	77	20.4%	0	4	19	13	0	0	13	0	0	0	0	0	2	0	15	4	0	0	0	0	6	1	0	0	0	0	0	0		
Baltimore County	37	9.8%	4	0	5	8	0	0	4	0	0	0	0	0	1	0	6	1	0	0	0	0	7	1	0	0	0	0	0	0		
Calvert County	14	3.7%	2	1	1	1	1	0	0	0	1	0	0	0	0	0	3	2	0	0	0	0	2	0	0	0	0	0	0	0		
Caroline County	10	2.6%	2	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	4	1	0	0	0	0	0	0		
Carroll County	21	5.6%	3	0	0	6	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0		
Cecil County	4	1.1%	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles County	11	2.9%	0	1	1	0	0	0	0	0	2	1	0	1	0	0	1	0	1	0	1	0	2	0	0	0	0	0	0	0	0	
Dorchester County	2	0.5%	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
Frederick County	17	4.5%	2	0	0	1	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	
Garrett County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford County	6	1.6%	1	0	0	2	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard County	9	2.4%	0	0	2	1	0	0	3	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent County	7	1.9%	0	0	0	0	0	0	0	0	0	0	0	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery County	37	9.8%	0	3	2	0	0	0	4	0	0	0	0	0	0	0	27	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Prince George's County	37	9.8%	2	3	0	1	0	0	8	0	0	0	0	0	1	0	11	5	0	1	0	0	5	0	0	0	0	0	0	0	0	0
Queen Anne's County	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saint Mary's County	6	1.6%	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
Somerset County	6	1.6%	0	0	1	0	0	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington County	13	3.4%	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0
Wicomico County	18	4.8%	0	1	6	0	0	0	0	0	2	0	0	0	0	2	5	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Worcester County	6	1.6%	0	0	0	1	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Out-of-State	9	2.4%	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0	0
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>378</b>	<b>100.0%</b>	<b>26</b>	<b>19</b>	<b>43</b>	<b>36</b>	<b>1</b>	<b>0</b>	<b>53</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>12</b>	<b>80</b>	<b>18</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
% of children from jurisdiction placed in jurisdiction			83.3%	25.0%	24.7%	21.6%	7.1%	0.0%	4.8%	0.0%	18.2%	0.0%	n/a	33.3%	0.0%	85.7%	73.0%	13.5%	0.0%	16.7%	0.0%	n/a	69.2%	11.1%	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	
% children statewide in CB placed in jurisdiction (total)			6.9%	5.0%	11.4%	9.5%	0.3%	0.0%	14.0%	0.0%	0.8%	1.1%	0.0%	1.1%	0.5%	1.1%	3.2%	21.2%	4.8%	0.0%	0.8%	0.0%	0.0%	16.9%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Table 20: Community-Based Residential Placements: Jurisdiction of Placement, DJJ, by Home Jurisdiction

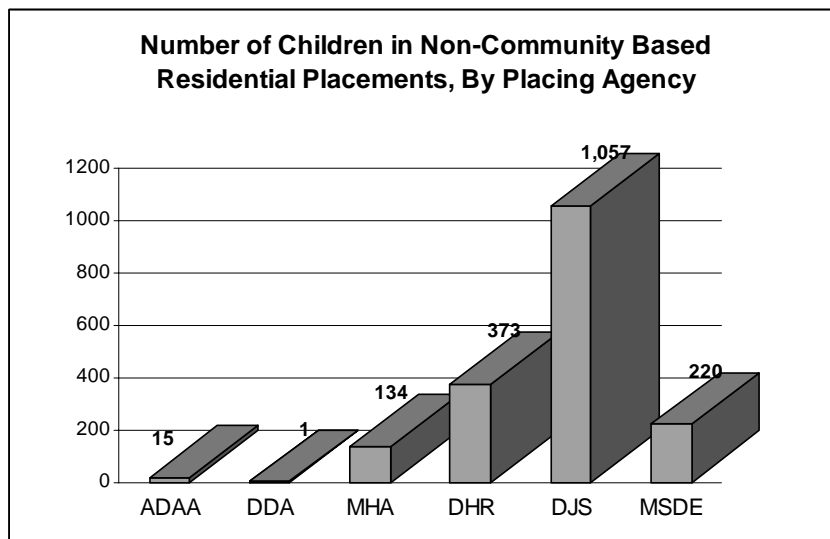
DEVELOPMENTAL DISABILITIES ADMINISTRATION, DHMH, COMMUNITY-BASED PLACEMENTS

Home Jurisdiction of Children in CB Placements	# children from jurisdiction in placement	% of children statewide in CB placements from jurisdiction	Jurisdiction Where Children Were Placed																											
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown	
			Allegany County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery County	1	7.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's County	5	35.7%	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset County	4	28.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jurisdiction Unknown	4	28.6%	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>14</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
% of children from jurisdiction placed in jurisdiction			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100.0%	40.0%	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% children statewide in CB placed in jurisdiction (total)			0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	35.7%	14.3%	0.0%	0.0%	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Table 21: Community-Based Residential Placements: Jurisdiction of Placement, DDA, by Home Jurisdiction

## Non-Community Based Placements

There were 1,800 children and youth in non-community based placements in the single day count. These placements include residential treatment centers (RTC), commitment and detention facilities, long-term care facilities, wilderness programs, and residential educational facilities. Of this total, 220 were in MSDE/LSS-funded non-public special education residential school placements. The remaining 1,580 youth were placed by ADA, DDA, MHA, DHR and DJS. This analysis will be focused on the 1,580 youth, followed by a separate analysis of the children in MSDE/LSS-funded non-public special education schools.



**Table 22: # of children in non-community-based placements, by placing agency**

Of the 1,580 youth in non-community based placements, 29% were placed in their home jurisdiction. The greatest number of children was placed in Baltimore City, representing 19% of all placements. Baltimore City also represents the jurisdiction with the most children in non-community based placements, at 27% of all placements. After Baltimore City, the jurisdictions with the most youth placed in their jurisdiction are Baltimore County (16%), Montgomery County (13%), and Prince George’s County (10%). There was a significant number of youth placed out-of-state in non-community based placements—175, or 11%. The jurisdictions with the most children placed in their jurisdiction correspond with the jurisdictions with the greatest number of children placed in a non-community-based placement. Thirty-seven percent (37%) of children from Baltimore City, 42% of children from Baltimore County, 44% of children from Dorchester County, 56% of children from Garrett County, 54% of children from Montgomery County, and 39% of children from Prince George’s County were placed in their home jurisdictions.

Unlike the prior two placement categories, it is not expected that the placement types found within the category of non-community based will be located in every jurisdiction or even every region of the state. The very nature of non-community-based placements is such that there is a relatively limited volume of children who need this type of placement at any given time. Therefore, the placements are located in various geographic areas across the state, with the goal

of serving children within the boundaries of the state as they present themselves. The most significant issue with regard to non-community based placements appears to be the volume of children placed outside of the state. (See discussion below on page 67 around out-of-state placements.) An additional issue of concern is the distance that must be traveled by the families, youth, and workers when youth are placed on opposite ends of the state from their home jurisdiction. For example, there were four youth from Wicomico County placed in Allegany County, and one youth each from Worcester and Wicomico Counties placed in Garrett County. In fact, several youth from the Eastern Shore were placed in Garrett County.

The table that follows provides an overview of the number of youth in placement in the single day count, by jurisdiction, and where each youth was placed. The first column provides the number of youth *from* the home jurisdiction that was in a placement in the single day count. The second column provides the percentage that number represents with regard to the total number of youth in placement on that date, statewide. The columns that follow provide the name of the jurisdiction where the youth was placed. The rows at the bottom of the table provide the percentage of children who were from the jurisdiction *and placed* in that jurisdiction. The final row provides the percentage of children who were placed in that jurisdiction, out of the total number of children placed on that date, statewide.

### ***Recommendations for Improving Non-Community Based Residential Placements***

Many of the recommendations are based on both an analysis of the data in this section, as well as the data provided in the out-of-state section, as the majority of youth who are out-of-state are placed in non-community-based placements.

- The State should evaluate the feasibility of creating additional, small treatment facilities for youth with specialized needs.
- The State should continue to explore where the required “facility for children” will be placed for youth deemed incompetent to stand trial but needing competency attainment services in this facility.
- State Agencies should evaluate the feasibility of offering in-state facilities additional incentives to accept and treat youth with specialized needs, including youth with co-occurring and high-risk disorders, and should consider incentives for more community-based placements overall, in order to serve more youth in community-based settings.
- The State may want to evaluate the possibility of changing regulations which prevent the licensing of residential treatment centers (RTC) to serve youth over the age of 18. Youth with IEPs should be able to complete their education in a consistent placement. Medicaid (Maryland Medical Assistance) is able to fund these placements for youth over the age of 18, and currently funds these placements for youth in out-of-state RTCs. The State should continue to evaluate current residential treatment center and Regional Institutes for Children and Adolescents (RICA) utilization, in conjunction with out-of-state data and projections of impact if regulations are changed to admit youth over the age of 18 in RTCs. Depending on these findings, the State should consider converting part or all of a facility to serve underserved populations, such as youth over 18 and youth with specialized needs.

Home Jurisdiction of Children in NCB Placements	# children from jurisdiction in placement	% of children statewide in NCB placements from jurisdiction	ALL AGENCIES, ALL NON-COMMUNITY BASED PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Carolina	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OCS-Adjacent	OCS-Non Adjacent	Unknown
Allegany County	12	0.8%	3	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	3	0	0	0	3	0	
Anne Arundel County	77	4.9%	4	7	16	5	0	0	2	0	0	3	1	2	0	0	1	4	19	0	0	0	1	0	0	0	12	0	
Baltimore City	426	27.0%	10	15	157	78	0	5	12	0	0	6	9	12	0	1	2	19	10	0	0	0	6	0	0	0	63	21	
Baltimore County	218	13.8%	10	13	32	90	0	0	3	0	0	14	11	10	0	0	2	16	3	0	0	0	1	0	0	6	6	1	
Calvert County	24	1.5%	0	2	2	2	0	0	0	0	0	1	1	0	0	1	5	9	0	0	0	0	0	0	0	0	1	0	
Caroline County	11	0.7%	0	1	4	3	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll County	33	2.1%	9	0	3	3	0	0	0	0	0	1	7	1	0	0	0	0	0	0	0	2	0	0	1	2	0		
Cecil County	16	1.0%	2	0	5	3	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	3	0	0	
Charles County	47	3.0%	3	5	7	2	0	0	1	0	0	1	6	0	0	1	6	12	0	0	0	0	0	1	0	0	2	0	
Dorchester County	9	0.6%	0	0	0	1	0	0	0	0	0	4	0	0	0	1	1	0	0	0	0	0	2	0	0	0	0		
Frederick County	68	4.3%	8	1	5	8	0	0	3	0	0	2	7	7	0	0	0	13	0	0	0	0	10	0	0	1	3	0	
Garrett County	9	0.6%	1	0	0	1	0	0	0	0	0	0	1	5	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
Harford County	41	2.6%	0	1	18	8	1	0	0	0	0	3	0	7	0	0	1	0	0	0	0	0	0	0	0	0	2	0	
Howard County	25	1.6%	4	1	6	4	1	0	0	0	0	0	3	2	0	0	0	4	0	0	0	0	0	0	0	0	0	0	
Kent County	7	0.4%	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0		
Montgomery County	190	12.0%	22	3	20	7	0	0	3	0	0	1	5	7	0	0	0	101	2	0	0	0	1	1	0	4	13	0	
Prince George's County	177	11.2%	6	7	17	9	0	0	6	2	0	7	2	10	0	0	2	16	68	0	0	0	0	1	0	20	3	1	
Queen Anne's County	13	0.8%	0	1	0	1	0	0	0	0	0	2	0	1	0	0	5	0	2	0	0	0	0	0	0	0	1	0	
Saint Mary's County	22	1.4%	2	0	1	0	0	0	0	0	0	1	0	4	0	0	0	9	0	0	0	0	0	0	0	0	5	0	
Somerset County	10	0.6%	0	0	1	0	0	0	0	0	0	3	1	0	0	0	3	0	0	0	0	0	2	0	0	0	0		
Talbot County	6	0.4%	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	
Washington County	31	2.0%	2	0	3	2	0	0	1	0	0	0	6	2	0	0	0	3	0	0	0	0	9	0	0	2	1	0	
Wicomico County	50	3.2%	1	0	6	11	0	0	4	0	0	6	0	1	0	0	2	3	1	0	0	0	0	13	0	0	2	0	
Worcester County	12	0.8%	1	0	2	1	0	0	1	0	0	0	0	1	0	0	2	0	1	0	0	0	0	0	0	0	3	0	
Out-of-State	44	2.8%	2	0	0	2	0	0	0	0	0	2	1	0	0	1	6	13	0	0	0	0	2	0	0	11	4	0	
Jurisdiction Unknown	2	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>1,580</b>	<b>100.0%</b>	<b>91</b>	<b>57</b>	<b>307</b>	<b>244</b>	<b>2</b>	<b>5</b>	<b>36</b>	<b>2</b>	<b>0</b>	<b>56</b>	<b>59</b>	<b>81</b>	<b>0</b>	<b>1</b>	<b>26</b>	<b>206</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>23</b>	<b>0</b>	<b>48</b>	<b>127</b>	<b>23</b>	
% of children from jurisdiction placed in jurisdiction			25.0%	9.1%	36.9%	41.3%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	10.3%	55.6%	0.0%	0.0%	0.0%	53.2%	38.4%	0.0%	0.0%	0.0%	29.0%	26.0%	0.0%	n/a	n/a	n/a	
% children statewide in NCB placed in jurisdiction (total)			5.8%	3.6%	19.4%	15.4%	0.1%	0.3%	2.3%	0.1%	0.0%	3.5%	3.7%	5.1%	0.0%	0.1%	1.6%	13.0%	9.6%	0.0%	0.0%	0.0%	2.2%	1.5%	0.0%	3.0%	8.0%	1.5%	

Table 23: Non-Community Based Residential Placements: Jurisdiction of Placement, All Agencies, by Home Jurisdiction

### ***DHR Non-Community Based Placements***

There were 373 children placed by DHR into non-community based placements. Thirty-two percent (32%) or 119 of these children were placed in their home jurisdictions, in Baltimore City, Baltimore County, Frederick County, Garrett County, Montgomery County, and Prince George's County. Just less than one-half of all children placed by DHR into a non-community based placement came from Baltimore City. An additional 29% of youth came from Baltimore County. There were very few children from the Eastern Shore placed in non-community based placements. After Baltimore City, Baltimore County, Prince George's County, and Montgomery County, the jurisdiction with the greatest number of youth placed in non-community based placements was Frederick County, with 12 youth in non-community based placements. While only one-quarter of youth from Baltimore City were placed in their home jurisdiction, 62% of youth from Baltimore County were placed in their home jurisdiction, as were 47% of youth from Montgomery County. (See table that follows the Agency analyses for breakdown by jurisdiction.)

### ***DJS Non-Community Based Placements***

The majority of children placed by DJS were placed into non-community based placements. Sixty-nine percent (69%) of children placed by DJS were placed into non-community based placements. Just over one-quarter of the youth (27%) were placed in their home jurisdiction. Additionally, there were 41 youth who were from out-of-state (as was previously discussed). As has been the pattern throughout, Baltimore City has more children in non-community based placements than any other jurisdiction (21%). The City is followed by Prince George's (13%), Montgomery (12%) and Baltimore (12%) Counties in terms of jurisdictions with the greatest number of children placed in non-community based placements. The youth placed by DJS are more widely distributed across the state, with the greatest grouping in Baltimore City, at 18% of all placements. That is followed by 12% of placements in Baltimore County, and 11% of placements in Prince George's County. One variation from some of the other placement categories is that 9% of youth placed are residing in Allegany County, and an additional 8% of youth are residing in Garrett County. Finally, 11% of youth are placed out-of-state. (See table that follows the Agency analyses for breakdown by jurisdiction.)

### ***MHA Non-Community Based Placements***

The MHA non-community based placements are residential treatment centers, including the three state-run Regional Institutes for Children and Adolescents (RICA). MHA placed 134 youth in non-community based placements, the greatest number of whom comes from Montgomery County (34%). The next greatest percentage of children placed by MHA comes from Baltimore City (10%) and then Baltimore County (9%). Over one-half (55%) of the youth are placed in their home jurisdiction, with 100% of Baltimore City youth, 96% of Montgomery County youth and 83% of Prince George's County youth placed within their home jurisdiction. This is reflective of the location of the RICAs throughout the state, and indicates a particular effort on the part of MHA to place youth within their home jurisdiction. Only two youth were placed by MHA into an out-of-state placement. (See table that follows the Agency analyses for breakdown by jurisdiction.)

MHA was able to supply diagnosis information electronically for this plan. As many as three diagnoses were shared for each youth, but it is recognized that the children may have additional diagnoses beyond the three shared, or that diagnoses may have been inaccurate or outdated. The diagnoses were aggregated and analyzed by DSM-IV-TR category. There were 329 diagnoses for the 134 youth in MHA placements (see hospitalization section below for information on diagnoses of children in hospitalization placements).

The most common diagnoses were in Attention Deficit and Disruptive Behavior Disorders (118—including 64 diagnoses of Attention Deficit/Hyperactivity Disorder and 39 diagnoses of Oppositional Defiant Disorder). The second largest category of diagnoses was Mood Disorders (113), including Bipolar Disorder (53). No diagnosis or condition was noted for 3 youth, and the diagnosis was deferred for 15 youth. It should be noted that a single child could have multiple diagnoses within a given category. The table below provides the categories, disorders, and number of youth diagnoses with the disorders. (The table does not include all disorders, but does include all disorders identified in the MHA dataset for youth either in RTC or hospitalization settings.)

<i>Category</i>	<i>Disorder</i>	<i>#</i>
<i>Mental Retardation</i>	Mild Mental Retardation	0
<i>Learning Disorders</i>	Learning Disorder NOS	6
	Mathematics Disorder	0
	Reading Disorder	2
<i>Communication Disorder</i>	Expressive Language Disorder	2
	Stuttering	1
<i>Pervasive Developmental Disorders</i>	Asperger's Disorder or Pervasive Developmental Disorder	4
<i>Attention Deficit and Disruptive Behavior Disorders</i>	Attention Deficit/Hyperactivity Disorder	64
	Conduct Disorder	14
	Disruptive Behavior Disorder	1
	Oppositional Defiant Disorder	39
<i>Tic Disorders</i>	Tourette's Disorder	1
<i>Elimination Disorders</i>	Enuresis	2
<i>Other Disorders of Infancy, Childhood, or Adolescence</i>	Reactive Attachment Disorder	9
<i>Schizophrenia and Other Psychotic Disorders</i>	Delusional Disorder	0
	Psychotic Disorder	6
	Schizoaffective Disorder	1
	Schizophrenia	0
<i>Mood Disorders</i>	Bipolar Disorders	53
	Depressive Disorders (including Dysthymic Disorder)	19
	Mood Disorders	41
<i>Anxiety Disorders</i>	Anxiety Disorder	5
	Generalized Anxiety Disorder	6
	Obsessive-Compulsive Disorder	1
	Panic Disorder with Agoraphobia	1

<i>Category</i>	<i>Disorder</i>	<i>#</i>
	Posttraumatic Stress Disorder	14
	Separation Anxiety	2
	Social Phobia	1
	Specific Phobia	1
<i>Dissociative Disorders</i>	Dissociative Disorder	2
<i>Impulse Control Disorders</i>	Impulse Control Disorder	3
	Intermittent Explosive Disorder	2
<i>Adjustment Disorders</i>	Adjustment Disorder	0
<i>Personality Disorders</i>	Antisocial Personality Disorder	0
	Personality Disorder	0
<i>Relational Problems</i>	Relational Problem	7
<i>Other Cognitive Disorders</i>	Cognitive Disorder	0
<i>Additional Conditions that may be a focus of clinical attention</i>	Identity Problem	1
	Noncompliance with Treatment	0
<i>Other Medical Conditions</i>	Asthma	0
	Leukemia	0
<i>Additional Codes</i>	Diagnosis Deferred (Axis Not Specified)	15

**Table 24: MHA Diagnosis Information**

### ***ADAA Non-Community Based Placements<sup>11</sup>***

There were 15 youth placed by ADAA in non-community based placements. These placements are known as long-term care facilities, and are defined as facilities licensed by DHMH to provide a structured environment in combination with medium intensity treatment and ancillary services to support and promote recovery. Therefore, these facilities are classified as being non-community based placements. The Long Term Care/After Care Facility in Maryland is Catoctin Summit and is located in Frederick County. Since there is only one long-term care facility in Maryland, all 15 of the youth were located in that jurisdiction. There were no youth from Frederick County placed by ADAA in a non-community based placement. (See table that follows the Agency analyses for breakdown by jurisdiction.)

### ***DDA Non-Community Based Placements***

There was only one youth placed by DDA in a non-community based placement. He or she is placed in a state residential center. As there is only one youth in this category, more detailed information about his or her jurisdiction of origin will not be provided.

<sup>11</sup> It should be noted that there are several residential child care and DJS facilities in the State of Maryland that provide substance abuse treatment and services; the data in this section of the report are only with regard to those children reported by ADAA to be in a long-term care facility on January 31, 2007.



Home Jurisdiction of Children in NCB Placements	# children from jurisdiction in placement	% of children statewide in NCB placements from jurisdiction	DEPARTMENT OF HUMAN RESOURCES, NON-COMMUNITY BASED PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown
Allegany County	6	1.6%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	3	0	
Anne Arundel County	5	1.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2	0	
Baltimore City	184	49.3%	0	2	46	50	0	5	0	0	0	3	0	0	1	0	16	8	0	0	0	3	0	0	0	29	21		
Baltimore County	79	21.2%	0	2	4	49	0	0	0	0	0	9	0	0	0	0	10	0	0	0	0	1	0	0	1	2	1		
Calvert County	5	1.3%	0	0	1	2	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		
Caroline County	4	1.1%	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Carroll County	5	1.3%	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
Cecil County	2	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0		
Charles County	2	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0		
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Frederick County	12	3.2%	0	1	1	4	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0		
Garrett County	3	0.8%	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Harford County	10	2.7%	0	0	7	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
Howard County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Kent County	1	0.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Montgomery County	15	4.0%	0	0	3	2	0	0	0	0	0	1	0	0	0	0	7	0	0	0	0	0	0	0	1	1	0		
Prince George's County	25	6.7%	0	0	6	4	0	0	0	2	0	1	0	0	0	1	2	3	0	0	0	0	0	0	5	0	1		
Queen Anne's County	2	0.5%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
Saint Mary's County	4	1.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0		
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Talbot County	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Washington County	6	1.6%	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0		
Wicomico County	2	0.5%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
Worcester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>TOTAL</b>	<b>373</b>	<b>100.0%</b>	<b>0</b>	<b>5</b>	<b>73</b>	<b>114</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>27</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>39</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>10</b>	<b>49</b>	<b>23</b>	
% of children from jurisdiction placed in jurisdiction			0.0%	0.0%	25.0%	62.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	33.3%	0.0%	0.0%	0.0%	46.7%	12.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a		
% children statewide in NCB placed in jurisdiction (total)			0.0%	1.3%	19.6%	30.6%	0.3%	1.3%	0.0%	0.5%	0.0%	0.5%	7.2%	0.3%	0.0%	0.3%	0.3%	10.5%	3.5%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	2.7%	13.1%	6.2%	

Table 25: Non-Community Based Residential Placements: Jurisdiction of Placement, DHR, by Home Jurisdiction

Home Jurisdiction of Children in NCB Placements	# children from jurisdiction in placement	% of children statewide in NCB placements from jurisdiction	DEPARTMENT OF JUVENILE SERVICES, NON-COMMUNITY BASED PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent	Unknown
Allegany County	5	0.5%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		
Anne Arundel County	62	5.9%	4	6	10	5	0	0	2	0	0	3	0	2	0	0	1	3	17	0	0	0	0	0	0	0	9	0	
Baltimore City	226	21.4%	10	13	98	28	0	0	12	0	0	6	3	12	0	0	2	3	2	0	0	0	3	0	0	0	34	0	
Baltimore County	126	11.9%	10	11	18	41	0	0	3	0	0	14	1	10	0	0	2	4	3	0	0	0	0	0	0	5	4	0	
Calvert County	18	1.7%	0	2	1	0	0	0	0	0	0	0	0	1	0	0	1	5	7	0	0	0	0	0	0	0	1	0	
Caroline County	5	0.5%	0	1	0	1	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll County	26	2.5%	9	0	3	3	0	0	0	0	0	1	2	1	0	0	0	3	0	0	0	0	2	0	0	1	1	0	
Cecil County	14	1.3%	2	0	5	3	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	1	0	0	
Charles County	43	4.1%	3	5	7	2	0	0	1	0	0	0	0	6	0	0	1	5	12	0	0	0	0	0	0	0	1	0	
Dorchester County	9	0.9%	0	0	0	1	0	0	0	0	0	4	0	0	0	0	1	1	0	0	0	0	0	2	0	0	0	0	
Frederick County	49	4.6%	8	0	3	4	0	0	3	0	0	2	4	7	0	0	0	7	0	0	0	0	9	0	0	1	1	0	
Garrett County	5	0.5%	1	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	25	2.4%	0	1	5	8	0	0	0	0	0	2	0	7	0	0	1	0	0	0	0	0	0	0	0	0	1	0	
Howard County	18	1.7%	4	1	2	4	1	0	0	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	
Kent County	6	0.6%	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	
Montgomery County	127	12.0%	22	3	16	5	0	0	3	0	0	1	2	7	0	0	0	50	2	0	0	0	1	1	0	3	11	0	
Prince George's County	133	12.6%	6	7	9	5	0	0	6	0	0	7	0	10	0	0	1	13	50	0	0	0	0	1	0	15	3	0	
Queen Anne's County	10	0.9%	0	1	0	1	0	0	0	0	0	1	0	1	0	0	5	0	1	0	0	0	0	0	0	0	0	0	
Saint Mary's County	16	1.5%	2	0	1	0	0	0	0	0	0	1	0	4	0	0	0	7	0	0	0	0	0	0	0	0	1	0	
Somerset County	9	0.9%	0	0	0	0	0	0	0	0	0	3	1	0	0	0	3	0	0	0	0	0	2	0	0	0	0	0	
Talbot County	5	0.5%	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	
Washington County	21	2.0%	2	0	1	2	0	0	1	0	0	0	1	2	0	0	0	2	0	0	0	0	9	0	0	1	0	0	
Wicomico County	46	4.4%	1	0	4	11	0	0	4	0	0	6	0	1	0	0	2	2	1	0	0	0	0	13	0	0	1	0	
Worcester County	12	1.1%	1	0	2	1	0	0	1	0	0	0	0	1	0	0	2	0	1	0	0	0	0	0	0	3	0	0	
Out-of-State*	41	3.9%	2	0	0	2	0	0	0	0	0	0	0	1	0	0	1	5	13	0	0	0	2	0	0	11	4	0	
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>1,057</b>	<b>100.0%</b>	<b>91</b>	<b>51</b>	<b>186</b>	<b>130</b>	<b>1</b>	<b>0</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>54</b>	<b>16</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>107</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>22</b>	<b>0</b>	<b>38</b>	<b>76</b>	<b>0</b>
% of children from jurisdiction placed in jurisdiction			60.0%	9.7%	43.4%	32.5%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	8.2%	80.0%	0.0%	0.0%	0.0%	39.4%	37.6%	0.0%	0.0%	0.0%	42.9%	28.3%	0.0%	n/a	n/a	n/a	
% children statewide in NCB placed in jurisdiction (total)			8.6%	4.8%	17.6%	12.3%	0.1%	0.0%	3.4%	0.0%	0.0%	5.1%	1.5%	7.6%	0.0%	0.0%	2.4%	10.1%	11.0%	0.0%	0.0%	0.0%	2.6%	2.1%	0.0%	3.6%	7.2%	0.0%	

Table 26: Non-Community Based Residential Placements: Jurisdiction of Placement, DJS, by Home Jurisdiction



Home Jurisdiction of Children in NCB Placements	# children from jurisdiction in placement	% of children statewide in NCB placements from jurisdiction	ALCOHOL AND DRUG ABUSE ADMINISTRATION, DHMH, NON-COMMUNITY BASED PLACEMENTS																									
			Jurisdiction Where Children Were Placed																									
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Carolina	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non Adjacent
Allegany County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	3	20.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery County	2	13.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington County	1	6.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	2	13.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>15</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
% of children from jurisdiction placed in jurisdiction			0.0%	0.0%	0.0%	0.0%	n/a	n/a	0.0%	n/a	0.0%	n/a	n/a	0.0%	n/a	0.0%	0.0%	n/a	n/a	n/a	n/a	0.0%	n/a	n/a	n/a	n/a	n/a	n/a
% children statewide in NCB placed in jurisdiction (total)			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 28: Non-Community Based Residential Placements: Jurisdiction of Placement, ADAA, by Home Jurisdiction

### **MSDE Non-Community Based Placements**

There were 4,677 children in non-public special education school placements in FY07. Of these 4,677 children, there were 220 children and youth in MSDE/Local School System (LSS)-funded residential school placements. Thus, for the purposes of this plan, the 220 children who are placed out-of-home—and not living with their parents or guardians—are the most relevant children to study for this report. One hundred eighty (180) of the 220 children are in non-public special education residential school placements in Maryland; 40 of the children are placed out-of-state in non-public special education school placements.

MSDE and the LSS capture data on an annual basis and provide information on those children for whom a non-public special education school placement was funded. All of the placements funded by MSDE/LSS are considered to be non-community-based placements. Due to difficulty in separating out those children who were in residential placements from the majority of children who were in non-residential special education placements, and ensuring that those children who are in the out-of-state count are not counted twice, the focus in the section below will be on those children who are placed out-of-state in order to have their educational needs fully met.

Of the 220 children in residential non-public special education school placements on January 30, 2007, there were 40 children and youth in MSDE/LSS funded out-of-state placements<sup>12</sup>. Youth in MSDE-funded out-of-state placement ranged in age from seven to over twenty-one years of age, with the mean and median ages approximately 18. These youth were more likely to be White and male.

<i>Age</i>	
Oldest	21.41
Youngest	7.42
Mean	17.99
Median	18.76
Standard Deviation	2.92

**Table 29: MSDE: Age of Youth in Out-of-State Placement**

<i>Race</i>	
African American	10
Asian	1
Hispanic/Latino	1
White	21
Multiple	4
Unknown	3

**Table 30: MSDE: Race of Youth in Out-of-State Placement**

<i>Gender</i>	
Female	8
Male	32

**Table 31: MSDE: Gender of Youth in Out-of-State Placement**

<sup>12</sup> Information derived from MSDE data with start and end dates, as well as information contained in SCYFIS. These 40 children are included in the overall 220 children in residential placements.

MSDE collects the federal census disability code for each student. This code provides some insight into the reason for attendance at a nonpublic school. The following are the census codes for the 40 children and youth in MSDE/LSS-funded out-of-state placement:

<i>Federal Census Code</i>	<i>#</i>
01-Mental Retardation	3
03-Deaf	1
06-Emotionally Impaired	10
10-Multi-Handicapped	14
14-Autism	12

**Table 32: MSDE: Federal Census Codes, Children in Out-of-State Placements**

These 40 children came from the following jurisdictions and were placed in the following states:

<i>Home Jurisdiction of Children Placed Out-of-State</i>	<i>State into which Children were Placed</i>									
	<i>DC</i>	<i>DE</i>	<i>FL</i>	<i>GA</i>	<i>IL</i>	<i>NJ</i>	<i>KS</i>	<i>PA</i>	<i>VA</i>	<i>VT</i>
Anne Arundel County		2			1					1
Baltimore City		1								
Baltimore County	1				1		1			
Calvert County		1								
Charles County									1	
Frederick County			1							
Harford County						2				1
Howard County									1	
Montgomery County		1				1		1	3	1
Prince George's County	7	2		1				1	3	1
St. Mary's County						1			1	
Wicomico County										1
<b>TOTAL</b>	<b>8</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>5</b>

**Table 33: MSDE: Home and Placement Jurisdiction: Out-of-State Population**

MSDE also provided information on the entire body of youth in non-public special education placements in FY07. The information below *includes* the 220 youth in residential placements as well as the 4,457 youth in non-residential non-public special education school placements.

The table below illustrates the non-public special education school placements of children during FY07. A single child may have multiple school placements during the course of a given academic year; therefore, the total number of placements exceeds the total number of children in non-public special education placements in FY07. Again, it must be emphasized that these are the special education school placements for both residential *and non-residential children*. *The majority of the children in the table below are day students do not reside at the school*. Forty-four percent (44%) of the children attended school in their home jurisdiction. An additional 34% of children attended school in an adjacent jurisdiction, and 4% of the children attended school in an adjacent state. Only 17% of youth attended school in a non-adjacent state.

<i>Jurisdiction of Children</i>	<i># In Non-Public Special Education School during FY07</i>	<i># In Non-Public Special Education School in Jurisdiction of Home Residence</i>	<i># In Non-Public Special Education School in adjacent jurisdiction</i>	<i># In Non-Public Special Education School in adjacent state</i>	<i># In Non-Public Special Education School in non-adjacent jurisdiction or state</i>
<b>Allegany County</b>	75	50	11	0	14
<b>Anne Arundel County</b>	383	99	241	0	43
<b>Baltimore City</b>	1,009	445	458	0	106
<b>Baltimore County</b>	687	401	253	0	33
<b>Calvert County</b>	51	0	23	0	28
<b>Caroline County</b>	6	3	0	0	6
<b>Carroll County</b>	155	16	76	0	63
<b>Cecil County</b>	91	67	3	2	19
<b>Charles County</b>	83	40	6	4	33
<b>Dorchester County</b>	2	2	0	0	0
<b>Frederick County</b>	116	37	42	0	37
<b>Garrett County</b>	16	8	1	0	7
<b>Harford County</b>	184	46	78	1	59
<b>Howard County</b>	135	38	65	0	32
<b>Kent County</b>	3	0	0	0	3
<b>Montgomery County</b>	657	424	16	42	175
<b>Prince George's County</b>	1,359	599	514	174	72
<b>Queen Anne's County</b>	17	0	5	0	12
<b>Saint Mary's County</b>	48	0	2	0	46
<b>Somerset County</b>	0	0	0	0	0
<b>Talbot County</b>	4	0	3	0	1
<b>Washington County</b>	168	45	9	1	113
<b>Wicomico County</b>	9	2	3	0	6
<b>Worcester County</b>	0	0	0	0	0
<b>MARYLAND</b>	<b>5,258</b>	<b>2,322</b>	<b>1,809</b>	<b>224</b>	<b>908</b>

**Table 34: MSDE: All Non-Public Special Education School Placements, FY07**

Finally, the table below provides the federal census disability code for the 4,677 children in non-public special education school placements in FY07, residential and non-residential students.

<i>Federal Census Code</i>	<i>#</i>
01-Mental Retardation	155
02-Hearing Impairment	2
03-Deaf	6
04-Speech or Language Impairment	51
05-Visual Impairment	1
06-Emotional Disturbance	2,410
07-Orthopedic Impairment	22
08-Other Health Impairment	205
09-Specific Learning Disability	268
10-Multi-Handicapped	667
12-Deaf-Blindness	0
13-Traumatic Brain Injury	41
14-Autism	774
15-Developmental Delay	75

**Table 35: MSDE: Federal Census Code, All Nonpublic School Students**

## Hospitalization Placements

There were 174 youth in hospitalization placements in the single day count. These youth were placed by DHR, DJS, MHA, and ADAA. The majority of youth were placed by ADAA into intermediate care facilities or by MHA into psychiatric hospitalizations. Hospitalization placements are one of the most restrictive placements and should be used with the least frequency. Therefore, it is presumed that the majority of youth in these placements will not be residing in their home jurisdiction. As there are three intermediate care facilities and several psychiatric hospitalization settings, however, it is hoped that youth will be relatively close to their jurisdiction of origin.

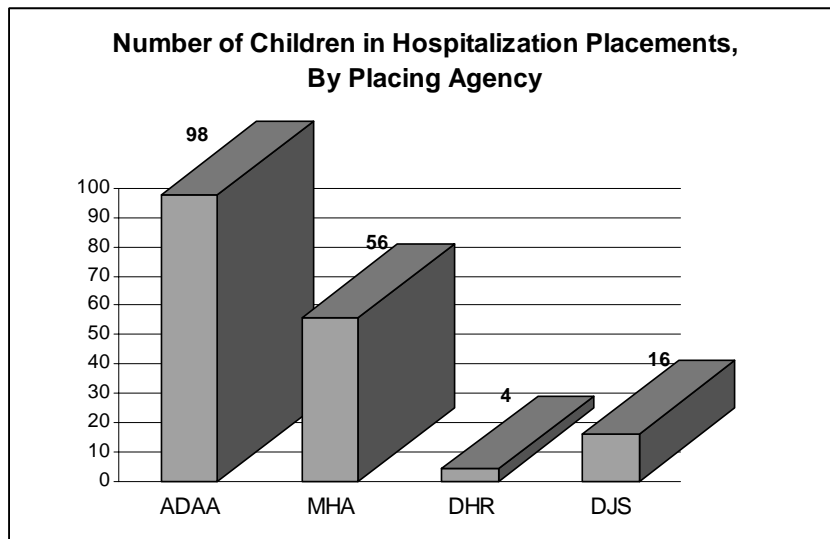


Figure 10: # of youth in hospitalization placements, by placing agency

Only 26 out of the 174 youth (15%) were placed in their home jurisdiction. All of the youth from Allegany County (4) were placed in their home jurisdiction. After Allegany County, the jurisdiction with the greatest number of youth placed in their home jurisdiction is Baltimore City, with 46% of youth placed there. Fourteen percent (14%) of the youth in hospitalization placements originate from Baltimore City and Montgomery County, each.

The table that follows provides an overview of the number of youth in placement in the single day count, by jurisdiction, and where each youth was placed. The first column provides the number of youth *from* the home jurisdiction that was in a placement in the single day count. The second column provides the percentage that number represents with regard to the total number of youth in placement on that date, statewide. The columns that follow provide the name of the jurisdiction where the youth was placed. The rows at the bottom of the table provide the percentage of children who were from the jurisdiction *and placed* in that jurisdiction. The final row provides the percentage of children who were placed in that jurisdiction, out of the total number of children placed on that date, statewide.



### ***Recommendations for Improving Hospitalization Placements***

There will likely always be a need for hospitalization placements for children and youth. These placements should be utilized only when necessary and for the shortest possible duration clinically and therapeutically appropriate. Among the challenges for children in hospitalization placements is the need for an appropriate placement upon discharge, if returning home is not an option. The State should continue to support the Multi-Agency Review Team (MART), which helps to ensure that youth do not linger in hospitalization placements once they are ready for discharge.

Home Jurisdiction of Children in Hospitalization Placements	# children from jurisdiction in placement	% of children statewide in hospitalization placements from jurisdiction	ALL AGENCIES, ALL HOSPITALIZATION PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany County	4	2.3%	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Anne Arundel County	15	8.6%	2	3	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Baltimore City	24	13.8%	1	0	11	9	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0		
Baltimore County	11	6.3%	3	0	7	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
Calvert County	3	1.7%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Caroline County	1	0.6%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Carroll County	13	7.5%	9	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Cecil County	3	1.7%	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
Charles County	7	4.0%	0	1	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Dorchester County	2	1.1%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Frederick County	11	6.3%	6	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
Garrett County	3	1.7%	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Harford County	6	3.4%	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Howard County	8	4.6%	5	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
Kent County	4	2.3%	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Montgomery County	24	13.8%	8	1	8	0	0	0	1	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	1	0	0		
Prince George's County	8	4.6%	2	0	2	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0		
Queen Anne's County	1	0.6%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Somerset County	1	0.6%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Talbot County	2	1.1%	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Washington County	8	4.6%	6	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Wicomico County	3	1.7%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Worcester County	3	1.7%	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Out-of-State	9	5.2%	1	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>TOTAL</b>	<b>174</b>	<b>100.0%</b>	<b>64</b>	<b>7</b>	<b>62</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	
% of children from jurisdiction placed in jurisdiction			100.0%	20.0%	45.8%	0.0%	0.0%	0.0%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	20.8%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	
% children statewide in hosp. placed in jurisdiction (total)			36.8%	4.0%	35.6%	12.1%	0.0%	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	4.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	2.3%	0.0%	0.0%	

Table 36: Hospitalization Placements: Jurisdiction of Placement, All Agencies, by Home Jurisdiction

### ***DHR Hospitalization Placements***

There were 4 youth placed in hospitalization by DHR. All four were from different jurisdictions, and one of the four youth was placed in his or her home jurisdiction. Given the low number of youth, further detail will not be provided to protect their confidentiality.

### ***DJS Hospitalization Placements***

There were 14 youth placed by DJS in hospitalizations. These youth came from seven different jurisdictions, including out-of-state. Montgomery County had the greatest number of youth placed in hospitalization placements with 5. Only three youth, all from Montgomery County, were placed in their home jurisdiction. All other youth were placed outside of their home jurisdiction. (See table that follows the Agency analyses for breakdown by jurisdiction.)

### ***ADAA Hospitalization Placements***

There were 98 youth placed by ADAA in hospitalization placements. The ADAA hospitalization placements are intermediate care facilities. An intermediate care facility is a facility licensed by DHMH that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. It is for this reason that these facilities have been classified as being hospitalization placements. There are three Intermediate Care Facilities (the Jackson Unit at the Finan Center, Mountain Manor, and Pathways), and they are located in Allegany County, Anne Arundel County, and Baltimore City. Therefore, all of the 98 youth are placed in one of these three facilities. Thirty-eight (38) youth were in Allegany County, seven (7) youth were in Anne Arundel County, and 53 youth were in Baltimore City. The greatest number of youth utilizing these facilities came from Anne Arundel, Baltimore, and Montgomery Counties and from Baltimore City. (See table that follows the Agency analyses for breakdown by jurisdiction.)

### ***MHA Hospitalization Placements***

There were 56 youth placed by MHA in hospitalization placements. One-fourth of the youth came from Baltimore City, and an additional 10% came from Carroll, Frederick, and Montgomery Counties each. Eight of the 56 youth (14%) were placed in their home jurisdiction. Most of the youth were placed in Allegany County, Baltimore City, and Baltimore County. (See table that follows the Agency analyses for breakdown by jurisdiction.)

MHA provided diagnosis information for the youth in hospitalization placements. As many as three diagnoses were shared for each youth, but it is recognized that the children may have additional diagnoses beyond the three shared, or that diagnoses may have been inaccurate or outdated. The diagnoses were aggregated and analyzed by DSM-IV-TR category. There were 98 diagnoses for the 56 youth in MHA placements (see non-community based placement section above for information on diagnoses of children in non-community based placements).

The most common diagnoses were in the category of Mood Disorders (25), followed by Attention Deficit and Disruptive Behavior Disorders (21), which is similar to the breakdown of diagnoses for youth in non-community based placements. Unlike the youth in the RTC placements, there were youth in the hospitalization placements with diagnosed personality disorders and with schizophrenia. There were also fewer children diagnosed with anxiety

disorders who were in hospitalization placements. No diagnosis or condition was noted for 11 youth, and the diagnosis was deferred for 3 youth. It should be noted that a single child could have multiple diagnoses within a given category. The table below provides the categories, disorders, and number of youth diagnoses with the disorders. (The table does not include all disorders but does include all disorders identified in the MHA dataset for youth either in RTC or hospitalization settings.)

<i>Category</i>	<i>Disorder</i>	<i>#</i>
<i>Mental Retardation</i>	Mild Mental Retardation	2
<i>Learning Disorders</i>	Learning Disorder NOS	1
	Mathematics Disorder	1
	Reading Disorder	1
<i>Communication Disorder</i>	Expressive Language Disorder	1
	Stuttering	0
<i>Pervasive Developmental Disorders</i>	Asperger's Disorder or Pervasive Developmental Disorder	1
<i>Attention Deficit and Disruptive Behavior Disorders</i>	Attention Deficit/Hyperactivity Disorder	9
	Conduct Disorder	3
	Disruptive Behavior Disorder	2
	Oppositional Defiant Disorder	7
<i>Tic Disorders</i>	Tourette's Disorder	0
<i>Elimination Disorders</i>	Enuresis	0
<i>Other Disorders of Infancy, Childhood, or Adolescence</i>	Reactive Attachment Disorder	1
<i>Schizophrenia and Other Psychotic Disorders</i>	Delusional Disorder	1
	Psychotic Disorder	2
	Schizoaffective Disorder	4
	Schizophrenia	4
<i>Mood Disorders</i>	Bipolar Disorders	8
	Depressive Disorders (including Dysthymic Disorder)	3
	Mood Disorders	14
<i>Anxiety Disorders</i>	Anxiety Disorder	2
	Generalized Anxiety Disorder	0
	Obsessive-Compulsive Disorder	0
	Panic Disorder with Agoraphobia	0
	Posttraumatic Stress Disorder	2
	Separation Anxiety	0
	Social Phobia	0
Specific Phobia	0	
<i>Dissociative Disorders</i>	Dissociative Disorder	1
<i>Impulse Control Disorders</i>	Impulse Control Disorder	0
	Intermittent Explosive Disorder	2
<i>Adjustment Disorders</i>	Adjustment Disorder	2
<i>Personality Disorders</i>	Antisocial Personality Disorder	1
	Personality Disorder	2

<i>Category</i>	<i>Disorder</i>	<i>#</i>
<i>Relational Problems</i>	Relational Problem	2
<i>Other Cognitive Disorders</i>	Cognitive Disorder	1
<i>Additional Conditions that may be a focus of clinical attention</i>	Identity Problem	0
	Noncompliance with Treatment	2
<i>Other Medical Conditions</i>	Asthma	1
	Leukemia	1
<i>Additional Codes</i>	Diagnosis Deferred (Axis Not Specified)	3

**Table 37: MHA Diagnosis Information**

Home Jurisdiction of Children in Hospitalization Placements	# children from jurisdiction in placement	% of children statewide in hospitalization placements from jurisdiction	DEPARTMENT OF JUVENILE SERVICES, HOSPITALIZATION PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	QOS-Adjacent	QOS-Non Adjacent	Unknown
Allegany County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	1	6.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		
Baltimore County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Calvert County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Caroline County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Carroll County	3	18.8%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Cecil County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Charles County	1	6.3%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Frederick County	3	18.8%	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Garrett County	1	6.3%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Harford County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Howard County	1	6.3%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Kent County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Montgomery County	5	31.3%	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0		
Prince George's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Queen Anne's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Washington County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Wicomico County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Worcester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Out-of-State	1	6.3%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>TOTAL</b>	<b>16</b>	<b>100.0%</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
% of children from jurisdiction placed in jurisdiction			n/a	n/a	0.0%	n/a	n/a	n/a	0.0%	n/a	0.0%	0.0%	n/a	0.0%	n/a	60.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
% children statewide in hosp. placed in jurisdiction (total)			56.3%	0.0%	0.0%	18.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		

Table 38: Hospitalization Placements: Jurisdiction of Placement, DJS, by Home Jurisdiction

ALCOHOL AND DRUG ABUSE ADMINISTRATION, DHMH, HOSPITALIZATION PLACEMENTS

Home Jurisdiction of Children in Hospitalization Placements	# children from jurisdiction in placement	% of children statewide in hospitalization placements from jurisdiction	Jurisdiction Where Children Were Placed																											
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OOS-Adjacent	OOS-Non-Adjacent	Unknown	
			Allegany County	3	3.1%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel County	13	13.3%	2	3	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	9	9.2%	1	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore County	9	9.2%	3	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert County	3	3.1%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline County	1	1.0%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll County	3	3.1%	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil County	2	2.0%	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles County	5	5.1%	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester County	2	2.0%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick County	1	1.0%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	2	2.0%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard County	4	4.1%	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent County	3	3.1%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery County	12	12.2%	3	1	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prince George's County	3	3.1%	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Queen Anne's County	1	1.0%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset County	1	1.0%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot County	2	2.0%	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington County	5	5.1%	3	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wicomico County	3	3.1%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester County	3	3.1%	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	8	8.2%	0	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>	<b>38</b>	<b>7</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
% of children from jurisdiction placed in jurisdiction			100.0%	23.1%	88.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	
% children statewide in hosp. placed in jurisdiction (total)			38.8%	7.1%	54.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Table 39: Hospitalization Placements: Jurisdiction of Placement, ADAA, by Home Jurisdiction

Home Jurisdiction of Children in Hospitalization Placements	# children from jurisdiction in placement	% of children statewide in hospitalization placements from jurisdiction	MENTAL HYGIENE ADMINISTRATION, DHMH, HOSPITALIZATION PLACEMENTS																										
			Jurisdiction Where Children Were Placed																										
			Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	OCS-Adjacent	OCS-Non Adjacent	Unknown
Allegany County	1	1.8%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel County	2	3.6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	14	25.0%	0	0	3	9	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	
Baltimore County	2	3.6%	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll County	6	10.7%	5	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil County	1	1.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
Charles County	1	1.8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick County	6	10.7%	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Garrett County	1	1.8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford County	4	7.1%	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard County	3	5.4%	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent County	1	1.8%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery County	6	10.7%	3	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	
Prince George's County	5	8.9%	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	
Queen Anne's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Saint Mary's County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington County	3	5.4%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wicomico County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester County	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jurisdiction Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>56</b>	<b>100.0%</b>	<b>16</b>	<b>0</b>	<b>9</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
% of children from jurisdiction placed in jurisdiction			100.0%	0.0%	21.4%	0.0%	n/a	n/a	16.7%	0.0%	0.0%	n/a	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	n/a	n/a	n/a	n/a	0.0%	n/a	n/a	n/a	n/a	n/a	
% children statewide in hosp. placed in jurisdiction (total)			28.6%	0.0%	16.1%	32.1%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	5.4%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.0%	5.4%	0.0%	0.0%	

Table 40: Hospitalization Placements: Jurisdiction of Placement, MHA, by Home Jurisdiction



## Comparison: June 30, 2005 vs. January 30, 2007

As has been previously mentioned, a single point-in-time study was conducted for the Senate Bill 711 (2004) report. This report, issued by GOC on behalf of the Children’s Cabinet on January 1, 2006, analyzed the number of children in out-of-home care, by jurisdiction and placement category, on June 30, 2005. Caution should be used in comparing these two datasets for the following reasons:

- There are slight differences in terms of which data were excluded. For example, children in aftercare were excluded from the DHR dataset in the June 30, 2005 study but were included in the January 30, 2007 dataset.
- Slightly different methodologies were used in analyzing the data. The June 30, 2005 data were analyzed using Paradox queries and Excel, while the January 30, 2007 data were analyzed solely with Excel.
- The time of year is different, which may result in greater or fewer numbers of youth being referred to agencies and potentially being placed out-of-home.
- There are only two datasets, which are insufficient to create a trend.

Keeping those caveats and limitations in mind, the following provides a brief comparison of the two datasets to begin to shape the conversation for future years about the trends in out-of-home placements. The annual Joint Chairmen’s Report on Out-of-Home Placements and Family Preservation Services has made it clear that the overall number of children in out-of-home placements has been on a steady decline for the past decade, since FY1997, in both real numbers and with respect to the rate of entry into out-of-home care. This decline remains true for the number of children in out-of-home care on the January 30, 2007 study as compared to the June 30, 2005 study:

<i>Agency</i>	<i>June 30, 2005</i>	<i>January 30, 2007</i>
DHMH-ADAA	92 (0.7%)	113 (0.9%)
DHMH-DDA	93 (0.4%)	34 (0.3%)
DHMH-MHA	222 (1.8%)	190 (1.5%)
DHR	10,227 (81.9%)	10,205 (83.1%) <sup>13</sup>
DJS	1,589 (12.7%)	1,524 (12.4%)
MSDE	258 (2.1%)	220 (1.8%)
TOTAL	12,481 (100.0%)	12,286 (100.0%)

**Table 41: Comparison of number of children in care, 6/30/05 vs. 1/30/07**

As can be seen above, the proportion of children represented by each Agency has remained essentially the same, with a slight increase in the proportion of children placed by ADAA and by DHR. In the table that follows, one sees that there are fewer children in family foster care, non-community based care, and hospitalization placements, both in terms of raw numbers and the percentage of children in each category. The category of community-based placements has seen the greatest increase, which is both a positive and a negative occurrence. From a positive

<sup>13</sup> Includes those children who were later excluded for the full analysis, including those whose placement type was unknown or other.

perspective, more children are being served in less restrictive settings that are potentially closer to their homes. However, fewer children are being served in a family-like setting.

<i>Placement Type</i>	<i>June 30, 2005</i>	<i>January 30, 2007</i>
Family Foster Care	7,830 (62.7%)	7,296 (62.3%)
Community-Based Placements	2,533 (20.3%)	2,668 (22.8%)
Non-Community Based Placements	1,899 (15.2%)	1,580 (13.5%)
Hospitalizations	219 (1.8%)	174 (1.4%)
TOTAL	12, 481 (100.0%)	11,718 (100.0%)

**Table 42: Comparison of number of children in each placement category, 6/30/05 vs. 1/30/07**

The table below illustrates the number and percentage of children in each placement category, by Agency, to help draw conclusions about where the shift has occurred with regard to placement in particular categories. The overall decline in the number of children placed by DDA has an impact on the overall numbers. The decline in hospitalizations comes from decreasing numbers of children placed in hospitalizations by DHR (-7), DJS (-37), and MHA (-18) despite an increase by ADAA (+17). It is possible that some of the youth counted by ADAA might have been counted by DHR, DJS, or MHA in the past, but there remains a decrease. All three of the Agencies that place children into family foster care placements had a decrease in the number of children placed, with approximately 5.5% fewer children in family foster care on January 30, 2007 than on June 30, 2005, despite a less than 1% decline in the number of children in placement by DHR. DJS increased the number of children in non-community based placements, while DHR increased the number of children in community-based placements. DDA, MHA, and MSDE had overall declines in the number of children placed for all categories.

<i>Agency</i>	<i>June 30, 2005</i>						<i>January 30, 2007</i>					
	DHR	DJS	ADAA	DDA	MHA	MSDE	DHR	DJS	ADAA	DDA	MHA	MSDE
Family Foster Care	7,710	93	0	27	0	0	7,296	73	0	19	0	0
Community-Based Placements	2,011	450	0	64	2	6	2,276	378	0	14	0	0
Non-Community Based Placements	495	993	11	2	146	252	373	1,057	13	1	134	220
Hospitalizations	11	53	81	0	74	0	4	16	98	0	56	0

**Table 43: Comparison of number of children in each placement category, 6/30/05 vs. 1/30/07, by category**

Finally, it is important to compare the number of children that are placed in their home jurisdiction. As can be seen below, *in every category*, fewer children were placed in their home jurisdiction.

<i>Placement Type</i>	<i>June 30, 2005</i>		<i>January 30, 2007</i>	
	# (%) Placed	# (%) in Home Jurisdiction	# (%) Placed	# (%) in Home Jurisdiction
Family Foster Care	7,830 (62.7%)	5,656 (72.2%)	7,296 (62.3%)	4,847 (66.4%)
Community-Based Placements	2,533 (20.3%)	1,291 (51.0%)	2,668 (22.8%)	1,024 (38.4%)
Non-Community Based Placements	1,899 (15.2%)	652 (34.3%)	1,580 (13.5%)	464 (29.4%)
Hospitalizations	219 (1.8%)	38 (17.4%)	174 (1.4%)	26 (14.9%)
TOTAL	12, 481 (100.0%)	7,637 (61.2%)	11,718 (100.0%)	6,361 (54.3%)

**Table 44: Comparison of number of children in home jurisdiction, by placement category, 6/30/05 vs. 1/30/07**

## Out-of-State Placements

Article 49D requires that the State Coordinating Council (SCC) review cases in which youth are placed in out-of-state (OOS) facilities using State funding, with the goal of ensuring that youth are appropriately served in-state, and preferably in their home communities, when possible. COMAR 14.31.01 defines the types of OOS facilities which require SCC review as: residential treatment centers (RTCs), residential schools, intermediate care facilities for the mentally retarded, alternative living units, group homes, hospitals, residential facilities for children with disabilities, wilderness programs, and other similar placements (excluding family foster care placements). Local Coordinating Council (LCC) approval is needed for cases to be referred to the SCC, again with the goal of using an interagency team to assure that all in-state resources were considered before removing a child from his/her home community.

As stated in COMAR 14.31.01, youth may only be placed out-of-state if no appropriate in-state facilities can meet the youth's needs, due to one of the following circumstances:

- *Proximity:* The OOS placement is closer to the child's home than any alternative in-State placement, or the child's permanent placement includes residence with a caregiver in proximity to the proposed OOS placement;
- *Cost:* The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate OOS programs;
- *Detention:* The child is currently in detention, shelter care, or committed to the Department of Juvenile Services pending placement under a court order;
- *IDEA:* Compliance with the federal Individuals with Disabilities Education Act (IDEA) requires OOS placement; or
- *Hospitalized:* The child is hospitalized in an acute care psychiatric hospital under the following circumstances:
  - The child is committed to DJS, local DSS, or a division of DHMH;
  - The child's treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement within 30 calendar days; and
  - The only available, appropriate placement is OOS.

Data presented in this section are based on data collected from the State Coordinating Council, focusing on **new** cases approved by the SCC during FY07. Unfortunately, complete data are not available at this time regarding youth who were placed OOS prior to the start of FY07.

One hundred seventy-one (171) children were approved by the SCC during FY07 for out-of-state placement. Most youth (81.9%, or 140) referred for OOS placement during FY07 were referred by DJS, and most youth referred by all agencies were male (91.2%). DHR referrals accounted for 14.6% of all referrals, while the remaining 3.5% referrals were made by MSDE and local school systems. There were no referrals for OOS placement by DHMH during FY07; because DHMH can only fund the residential portion of any placement, most cases with DHMH involvement rely on another agency to be the lead. Across all referring agencies, the average age was between 16.1 and 16.8 years, with a statewide average age of 16.7 years.

Lead Agency	Average Age	Total Approved - Male*	Total Approved - Female*	Total Approved*
DHR	16.1	14	11	25 (14.6%)
DJS	16.8	138	2	140 (81.9%)
MSDE	16.7	4	2	6 (3.5%)
DHMH	n/a	0	0	0 (0%)
<b>Total</b>	<b>16.7</b>	<b>156 (91.2%)</b>	<b>15 (8.7%)</b>	<b>171 (100%)</b>

\*Cases approved for OOS placement; include "approved pending" cases – approved pending the receipt of required documentation

**Table 45: Youth approved by the SCC during FY 07**

The following table provides data on the home jurisdiction and lead agency for all youth approved for OOS during FY07. Baltimore City youth represent the largest group approved for OOS placement (40.9%), most of whom (88.6%) were referred by DJS. Prince George's and Montgomery Counties account for 13.5% and 11.1%, respectively; both Baltimore and Anne Arundel Counties accounted for 7.6% of youth approved for OOS placement. The need for placements in Baltimore City far exceeds both the City's and the State's capacity, and it would make sense for the City to be the focus of concerted efforts to establish and sustain additional resources.

Jurisdiction	Lead Agencies			Total	
	DHR	DJS	MSDE		
<b>Allegany</b>	0	0	0	0	0%
<b>Anne Arundel</b>	3	8	2	13	7.6%
<b>Baltimore City</b>	7	62	1	70	40.9%
<b>Baltimore County</b>	4	9	0	13	7.6%
<b>Calvert</b>	0	1	0	1	0.6%
<b>Caroline</b>	0	0	0	0	0%
<b>Carroll</b>	2	2	0	4	2.3%
<b>Cecil</b>	0	2	0	2	1.2%
<b>Charles</b>	0	3	0	3	1.8%
<b>Dorchester</b>	2	2	0	4	2.3%
<b>Frederick</b>	0	0	0	0	0%
<b>Garrett</b>	0	0	0	0	0%
<b>Harford</b>	1	1	0	2	1.2%
<b>Howard</b>	1	1	0	2	1.2%
<b>Kent</b>	0	1	0	1	0.6%
<b>Montgomery</b>	1	18	0	19	11.1%
<b>Prince George's</b>	1	19	3	23	13.5%
<b>Queen Anne's</b>	0	1	0	1	0.6%
<b>Saint Mary's</b>	2	3	0	5	2.9%
<b>Somerset</b>	0	0	0	0	0%
<b>Talbot</b>	0	0	0	0	0%
<b>Washington</b>	1	3	0	4	2.3%
<b>Wicomico</b>	0	1	0	1	0.6%
<b>Worcester</b>	0	3	0	3	1.8%
<b>TOTAL</b>	<b>25</b>	<b>140</b>	<b>6</b>	<b>171</b>	<b>100%</b>

**Table 46: Youth approved by SCC during FY 07, by jurisdiction and lead agency.**

In evaluating what additional resources are needed, it may be as helpful to look at the type of placement as well as the lead agencies involved (although, of course, these are intricately related). The table below shows the type of OOS placement approved for youth during FY 07, by jurisdiction. Nearly 30%<sup>14</sup> of the youth approved for OOS were referred for community-based placements, which ideally would be available in all jurisdictions or regions in Maryland. This category of youth should be easier to place than youth in need of non-community based placements, and may be most appropriate for wraparound and intensive community-based services (which would be more likely to allow them to remain at home or in their communities).

Non-community based, non-hardware secure placements, however, make up a majority of OOS placements. Nearly 41% of youth were approved for non-community-based, non-hardware secure placements, such as RTCs and residential schools. (See table below for a listing of OOS facilities by placement category.) Youth in these placements are typically rejected from in-state facilities due to age (approaching or over age 18), low IQ or Mental Retardation (MR) diagnosis, pervasive developmental disorders (PDD), or specialized needs such as sex offender or fire-setter treatment.

Youth in need of a non-community based, hardware secure placement comprise the remaining nearly 30% of youth approved for OOS placement. “Hardware secure” is a term used to describe facilities which have the highest level of physical and staff security; residential units are physically locked, surveillance may be used, and often facilities are enclosed within a security fence. (Juvenile detention centers are examples of hardware secure facilities, but do not offer long-term treatment.) A majority of these youth are committed to hardware secure facilities by juvenile court judges and masters, although a few are placed in this highly restrictive category due to severe behaviors and multiple rejections from non-community based, non-hardware secure placements.

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<sup>14</sup> See footnote 9 on page 38 for a discussion of the differences in the classification of DJS out-of-state facilities as community-based or non-community based residential placements.

Jurisdiction	Community-based	Non-community based, not hardware secure	Non-community-based, hardware secure	Total
Allegany	0	0	0	0
Anne Arundel	1	10	2	13
Baltimore City	28	23	19	70
Baltimore County	3	3	7	13
Calvert	0	1	0	1
Caroline	0	0	0	0
Carroll	0	3	1	4
Cecil	2	0	0	2
Charles	2	1	0	3
Dorchester	1	3	0	4
Frederick	0	0	0	0
Garrett	0	0	0	0
Harford	0	1	1	2
Howard	0	1	1	2
Kent	1	0	0	1
Montgomery	3	10	6	19
Prince George's	4	10	9	23
Queen Anne's	0	1	0	1
Saint Mary's	2	1	2	5
Somerset	0	0	0	0
Talbot	0	0	0	0
Washington	0	2	2	4
Wicomico	1	0	0	1
Worcester	3	0	0	3
<b>TOTAL</b>	<b>51 (29.8%)</b>	<b>70 (40.9%)</b>	<b>50 (29.2%)</b>	<b>171 (100%)</b>

**Table 47: Youth approved by SCC during FY 07, by jurisdiction and type of placement.**

Below are data on approvals for specific out-of-state facilities, listed by placement category. Of the community-based programs, the facilities with the largest number of referrals are mainly DJS-contracted facilities: Clarinda, Glen Mills, Natchez Trace, Woodward Academy, and Youth Services Agency. Grafton mainly serves youth with diagnoses of mental retardation and developmental disabilities.

Within the non-community-based, non-hardware secure facilities, broad categorizations of facilities focusing on specific treatment needs can be made. AdvoServ, Bennington, and National Children's Center specialize in treating youth with MR or developmental disabilities, while Cornell Abraxas offers specialized treatment for youth with a history of fire setting or sex offending. RTCs include Devereux Florida and Georgia, Riverside, and The Pines. Again, the high numbers of Maryland youth placed in these facilities demonstrates the need for expansion of Maryland's current RTC capacity and age limits, as well as to the need for specialized services for populations of youth with mental retardation and developmental disabilities.

Of these OOS placements, the most restrictive category is non-community-based, hardware secure facilities (the only more restrictive category would be hospitalization, data for which are not presented in this section of the Plan). Of the hardware secure facilities approved for

Maryland youth in FY 07, only Manatee Palms is typically used by agencies other than DJS; Manatee Palms is considered a hardware secure RTC. The remaining youth approved for OOS placement were involved with DJS and either court-committed to such a facility or placed there after multiple rejections from less-restrictive placements.

Out-of-state Facility	State	Lead Agencies			Total
		DHR	DJS	MSDE	
<b>Community-Based Residential Programs</b>					
Clarinda	Iowa	0	17	0	17
Cornell Abraxas	Ohio	0	6	0	6
Glen Mills	Pennsylvania	0	9	0	9
Grafton	Virginia	0	0	1	1
Natchez Trace	Tennessee	0	6	0	6
Woods Services	Pennsylvania	1	0	0	1
Woodward Academy	Iowa	0	5	0	5
Youth Services Agency	Pennsylvania	0	6	0	6
<b>Non-Community-Based Residential Programs – non- hardware-secure</b>					
AdvoServ	Delaware	9	0	4	13
Bennington	Vermont	0	4	0	4
CHAD Youth Enhancement	Tennessee	1	2	0	3
Concern Treatment Unit	Pennsylvania	0	4	0	4
Cornell Abraxas – fire setter/ sex offender program	Pennsylvania	0	7	0	7
Cornell Abraxas	Pennsylvania	0	8	0	8
Devereux Florida	Florida	0	1	0	1
Devereux Georgia	Georgia	0	2	0	2
Florida Institute for Neurologic Rehabilitation	Florida	2	0	0	2
Mountain Youth Center	Tennessee	0	2	0	2
National Children’s Center	Washington, DC	0	0	1	1
National Deaf Academy	Florida	1	0	0	1
New Hope Treatment Centers	South Carolina	1	0	0	1
North Spring Behavioral Health	Virginia	0	1	0	1
Pennsylvania Clinical School	Pennsylvania	1	0	0	1
Riverside RTC	Washington, DC	1	0	0	1
Spring Brook Behavioral Health	South Carolina	0	1	0	1
Summit Academy	Pennsylvania	0	6	0	6
The Pines	Virginia	3	7	0	10
Whitney Academy	Massachusetts	1	0	0	1
<b>Non-Community-Based Residential Programs –hardware-secure</b>					
Kids Peace Mesabi	Minnesota	0	11	0	11
Manatee Palms	Florida	4	4	0	8
McDowell	Tennessee	0	1	0	1
Mid Atlantic Youth Services	Pennsylvania	0	21	0	21
Southwest Indiana Regional Youth Village	Indiana	0	6	0	6
Turning Point	Michigan	0	3	0	3
<b>Total - Community-Based Residential Programs</b>		<b>1</b>	<b>49</b>	<b>1</b>	<b>51</b>
<b>Total - Non-Community-Based Residential Programs, not hardware secure</b>		<b>20</b>	<b>45</b>	<b>5</b>	<b>70</b>
<b>Total - Non-Community-Based Residential Programs, hardware secure</b>		<b>4</b>	<b>46</b>	<b>0</b>	<b>50</b>

Table 48: Youth approved by SCC during FY 07, by placement category and OOS facility.

### **Reasons for out-of-state placements**

The table below shows the exception criteria under which the SCC approved new OOS placements during FY 07. Given that the majority of referrals for OOS placement are from DJS, it is not surprising that a majority of cases were approved under the detention criteria. Slightly over 12% were placed out-of-state under the cost criteria, with approximately 5% of cases approved under the remaining criteria (hospitalization, IDEA, proximity). Again, these data demonstrate the need for facilities that can accept and treat juvenile offenders. (See above or COMAR 14.31.01 for a full description of exception criteria).

Lead Agency	COMAR 14.31.01 Exception Criteria					Total
	Cost	Detention	Hospitalization	IDEA	Proximity	
DHR	18	2	4	0	1	25
DJS	1	139	0	0	0	140
MSDE	2	0	0	4	0	6
<b>Total</b>	<b>21 (12.2%)</b>	<b>141 (82.5%)</b>	<b>4 (2.3%)</b>	<b>4 (2.3%)</b>	<b>1 (0.6%)</b>	<b>171 (100%)</b>

**Table 49: Youth approved by SCC during FY 07, by COMAR exception criteria.**

Recent events, such as the closure of the commitment placements at the Hickey School in 2005, have left DJS without an in-state hardware secure treatment facility, yet the need for such a placement has not diminished. Additionally, one large private, community-based DJS provider closed in February 2007; this facility had approximately 70 beds contracted for use by DJS. Victor Cullen Center, located in Frederick County, is a DJS-owned and operated secure treatment facility for males. Once fully operational, the Center will operate at capacity with 48 beds.

In addition to these specific events, there are other factors that contribute to high numbers of OOS placements, including a lack of in-state resources. Current Maryland laws/regulations do not allow for the licensure of residential treatment centers (RTC) for youth over the age of 18. Many in-state RTCs will not admit youth over the age of 17, due to concerns that youth will “age-out” prior to treatment completion. This results in lack of placements not only for youth ages 18-21, but youth as young as 17. Many of these youth have an Individual Education Program (IEP), and, if they “age-out” of an RTC and are moved out-of-state, their education will be greatly disrupted.

Additionally, there are categories of youth for which very few, if any, in-state resources exist; these categories include youth with special needs such as:

- Fire setting history
- Sex offending history
- Developmental disabilities
- Low IQ/mental retardation
- Combinations of mental health issues, substance abuse issues, and/or low IQ/mental retardation



The table below provides data on the number of youth rejected from in-state and OOS facilities due to a history of fire setting, history of sex offending, or both. Due to liability issues and insurance costs, it is difficult to establish and maintain facilities for these youth.

Lead Agency	Rejection due to history of fire setting	Rejection due to history of sex offending	Rejection due to both reasons	Total
DHR	1	4	0	5
DJS	13	7	1	21
MSDE	0	1	0	1
<b>Total</b>	<b>14</b>	<b>12</b>	<b>1</b>	<b>27</b>

**Table 50: In-state and OOS rejections based on histories of fire setting and/or sex offending for youth approved by SCC during FY 07**

The table below provides diagnostic information on youth approved for OOS placement. Based on the DSM-IV TR diagnoses provided in psychological and psychiatric evaluations, youths' diagnoses were entered into DSM-IV TR diagnostic categories. Most youth have multiple diagnoses, as evidenced by the fact that for 171 youth, there are a total of 601 diagnostic category entries, which is an average of 3.5 diagnostic categories per youth. Even these data underestimate the average of diagnoses per youth, as it does not account for multiple diagnoses per category (e.g. a youth with both a Reading and a Mathematics Learning Disorder would only be counted once for the Learning Disorder category). Additionally, for Axis I, Rule Out and Deferred diagnoses were not counted.

Although the prevalence of mood, disruptive behavior, and ADHD disorders is similar to the prevalence of these disorders among those placed in in-state RTCs (see MHA data above), the most significant difference between these two populations is the prevalence of substance abuse disorders. Most Maryland RTCs will not accept youth with primary diagnoses of substance abuse, even if there are other co-occurring serious mental health disorders; thus, OOS facilities are often the only placement resource for these youth. Additionally, many youth committed to DJS have substance abuse issues, for which there are not adequate in-state treatment resources. This table may be analyzed in conjunction with the tables containing the diagnoses of children placed by MHA into non-community based and hospitalization placements.

Diagnostic category*	Lead Agencies			Total
	DHR	DJS	MSDE	
<b>Axis I</b>				
Mood Disorders	22	59	3	84
Disruptive Behavior Disorders	12	115	2	129
Psychotic Disorders	1	4	0	5
ADHD	11	60	2	73
Learning Disorders	2	34	0	36
Substance Abuse	3	90	0	93
Abuse/Neglect	9	11	0	20
Anxiety Disorders	7	14	0	21
Sexual Abuse - Perpetrator	2	3	0	5
Pervasive Developmental Disorders	4	0	1	5
Reactive Attachment Disorders	1	1	0	2
Impulse Control Disorders	4	9	0	13
Adjustment Disorders	0	2	0	2
Relational Problems	1	10	0	11
<b>Axis II</b>				
Borderline Intellectual Functioning	2	18	0	20
Rule Out Mental Retardation	0	0	0	0
Mental Retardation	8	2	2	12
Deferred	4	40	0	44
Personality Disorders	1	2	0	3
Rule Out or Traits of Personality Disorders	3	19	1	23

\*Diagnosis taken from clinical recommendations (psychological evaluations, psychiatric evaluations, psychosocials, etc.) submitted as part of SCC application; most youth had multiple diagnoses.

**Table 51: Youth approved by SCC during FY 07, by diagnostic category and lead agency.**

### **Consequences of out-of-state placements**

The State recognizes that the out-of-state placement of youth, while necessary at times, is not ideal. Contrary to systems of care values, youth in out-of-state placement are often placed far away from their families, homes, and natural support systems. While the Departments of Juvenile Services and Human Resources are able to pay travel and hotel costs for parents to visit youth in out-of-state placements quarterly, this is certainly not as often as some youth and families would prefer, often does not include other relatives/friends, and is not available to families whose youth are placed by other State Agencies. Youth placed in out-of-state facilities often receive family therapy during family visits or via telephone, which can be effective but is not the ideal modality.

There are additional consequences to the lack of in-state resources. Youth committed to DJS often wait for several months in detention while an appropriate placement is located. Youth leaving other restrictive placements (such as hospitals) often have no appropriate interim placement while an out-of-state facility is located. Finally, other youth are placed in, or remain in, inappropriate placements while awaiting transfer.

### **Costs for New Out-of-state Placements**

As with in-state residential placements, funding for each out-of-state placement is comprised of two components: the residential component and the educational component. Depending on the agencies involved with a youth, the lead agency may fund both components, only one, or neither component. MSDE and local school systems can only fund in-state or out-of-state placements if the youth's IEP determines that the local school system cannot provide an appropriate education, and so a private separate day school placement is needed. Medical Assistance (MA) can fund the residential portion of only RTC placements, and can never fund the educational component. Youth involved with both DJS and DHR may have their placement funded by both agencies (50/50 split), or if the youth has MA and an IEP that determines a need for a separate private school placement, neither DJS or DHR may be required to fund the placement. The funding costs below are listed by the actual funding entity, not the lead agency, for OOS placements approved by the SCC during FY 07.

These costs only include the actual cost of the OOS placement. Travel, communication, and monitoring costs are not captured here. Additionally, these data do not include the costs of youth approved by the SCC prior to FY07 but who were placed in previous years and remain at an out-of-state facility.

<b>Funding Agency/Entity</b>	<b>Total Cost for Residential</b>	<b>Total Cost for Education</b>	<b>Total Cost</b>
<b>DHR</b>	\$2,388,925	\$689,421	<b>\$3,078,346</b>
<b>DJS</b>	\$10,179,834	\$2,015,097	<b>\$12,194,931</b>
<b>MSDE</b>	\$931,142	\$523,537	<b>\$1,454,678</b>
<b>MA</b>	\$828,185	n/a	<b>\$828,185</b>
<b>TOTAL</b>	<b>\$14,328,086</b>	<b>\$3,228,054</b>	<b>\$17,556,139</b>

**Table 52: Funding approved by the SCC for new out-of-state placements during FY 07\***

\*Notes:

1. Funding is approved by SCC based on annual cost of each OOS facility placement, but actual reimbursement is prorated based on actual admission and discharge dates, and actual admission dates may be outside of FY 07.
2. Residential components for some OOS RTCs may be covered by Medical Assistance, but this was not reflected on application from lead agency and so is not reflected here.
3. Funding costs are for new cases/referrals approved by SCC during FY 07; these numbers do not include FY 07 Annual Reviews.

The average annual cost of an OOS placement approved by the SCC in FY 07 is \$102,667; this average includes the three categories of placements: community-based; non-community-based, non-hardware secure; and non-community-based, hardware secure. The average annual per child cost in FY 07 of an in-state group home is \$63,771 per child, and \$84,504 per child for an average in-state therapeutic group home (both are community-based placements); these figures exclude education as youth typically attend local public schools. The average cost in FY 06 for the Regional Institutes for Children and Adolescents (RICA; the public RTCs; non-community-based, non-hardware secure) was \$180,633, including education.

## **Out-of-State Placement Recommendations**

*Note: The recommendations contained in this section may also be found elsewhere in this document but are noted here for their direct connection with the out-of-state placements.*

- The State should evaluate the feasibility of expanding community-based services, such as respite and wraparound, as well as evidence-based practices such as functional family therapy, multi-systemic therapy, and brief strategic family therapy.
- The State should evaluate the feasibility of creating additional, small treatment facilities for youth with specialized needs.
- The State should evaluate the feasibility of offering in-state facilities additional incentives to accept and treat youth with specialized needs, including youth with co-occurring and high-risk disorders, and should consider incentives for more community-based placements as well.
- The State may want to evaluate the possibility of changing regulations which prevent the licensing of residential treatment centers (RTC) to serve youth over the age of 18. Youth with IEPs should be able to complete their education in a consistent placement. Medicaid (Maryland Medical Assistance) is able to fund these placements for youth over the age of 18, and currently funds these placements for youth in out-of-state RTCs.
- The State should continue to evaluate current residential treatment center and Regional Institutes for Children and Adolescents (RICA) utilization, in conjunction with out-of-state data and projections of impact if regulations are changed to admit youth over the age of 18 in residential treatment centers. Depending on the findings, the State should consider converting part or all of a facility to serve underserved populations, such as youth over 18 and/or youth with specialized needs.

## **Capacity & Utilization of Residential Placements**

### ***Capacity of and Services Offered by Residential Providers***

The table below provides the total available licensed capacity in a given jurisdiction, by licensing agency. This table only includes those providers who receive a rate from the Interagency Rates Committee and/or have provider profiles contained in State Children, Youth and Families Information System (SCYFIS). Additionally, those providers who are independent living or treatment foster care providers have tremendous ability to increase the number of individuals served; therefore, the license capacity is not necessarily a stagnant number. This is not an all-inclusive examination of licensed capacity in a given jurisdiction, but rather another method by which to explore the types and availability of resources in the state.

<i>Jurisdiction</i>	<i>DHMH/DDA</i>	<i>DHMH/OHCQ<sup>15</sup></i>	<i>DHR</i>	<i>DJS</i>	<i>MSDE</i>	<i>Total</i>
<b>Allegheny County</b>	0	40	105	81	0	226
<b>Anne Arundel County</b>	22	50	104	0	0	176
<b>Baltimore City</b>	2	161	2,036	68	0	2267
<b>Baltimore County</b>	90	337	938	18	0	1383
<b>Calvert County</b>	0	8	0	0	0	8
<b>Caroline County</b>	0	0	6	0	0	6
<b>Carroll County</b>	0	12	0	53	0	65
<b>Cecil County</b>	36	0	0	0	0	36
<b>Charles County</b>	0	0	0	0	0	0
<b>Dorchester County</b>	0	0	0	63	0	63
<b>Frederick County</b>	0	75	50	0	0	125
<b>Garrett County</b>	0	0	40	0	0	40
<b>Harford County</b>	0	0	30	0	0	30
<b>Howard County</b>	10	20	186	0	0	216
<b>Kent County</b>	0	0	0	10	0	10
<b>Montgomery County</b>	53	201	176	13	0	443
<b>Prince George's County</b>	154	60	682	0	0	896
<b>Queen Anne's County</b>	0	0	0	8	0	8
<b>Saint Mary's County</b>	0	0	16	0	0	16
<b>Somerset County</b>	0	0	0	0	0	0
<b>Talbot County</b>	0	0	0	0	0	0
<b>Washington County</b>	0	16	176	25	0	217
<b>Wicomico County</b>	12	16	70	8	0	106
<b>Worcester County</b>	0	0	0	0	0	0
<b>Maryland</b>	<b>379</b>	<b>996</b>	<b>4615</b>	<b>347</b>	<b>0</b>	<b>6,337</b>

Table 53: License Capacity of Residential Child Care Programs in Maryland, by jurisdiction and licensing Agency

Appendix 4 provides an extensive table with information on the name, jurisdiction, licensing agency, genders served, license capacity, and program description for each of the residential providers contained in SCYFIS.

### **Average Daily/Annual Census**

The following data request was made to each of the Agencies: For *each* program/facility in which a child was placed on 1/30/07, what is the average daily census for calendar year 2006 (January 2006-December 2006)?

This information will help inform the discussion around capacity and utilization of placement beds. The tables below provide this information. For some Agencies, the data are collected in a slightly different manner. It should be noted that only those providers with a 90% occupancy rate will be able to receive a rate from the Interagency Rates Committee.

DHR provided data on the census on residential childcare programs—alternative living units, small and large group homes, therapeutic group homes, medically fragile programs, shelter care,

<sup>15</sup> OHCQ is the Office of Health Care Quality, and is the entity responsible for licensing programs utilized by ADAA and MHA.

and programs for teen mothers, as well as for residential treatment centers. Due to the implementation of MD CHESSIE (DHR's new management information system), it was determined that a later date for the census would provide a more accurate depiction of placement utilization. Therefore, July 31, 2007 was the date used for this census. However, it should be noted that the numbers may still be under-inflated as data entry is still ongoing. A summary of the census data are provided below, with the full table of the name of the placement, the licensing agency, the license capacity, the number of beds that DHR has contracted, and the utilization on July 31, 2007, can be found in the appendix. *The table below includes out-of-state placements.*

<i>Average Daily Census: DHR</i>			
<i>Program Type</i>	<i># licensed beds</i>	<i># contracted beds</i>	<i># beds in use on 7/31/07</i>
Alternative Living Units	235	189	54
Large Group Home	541	483	243
Medically Fragile Program	8	8	8
Residential Treatment Center	580	580	102
Respite Program	24	24	18
Shelter Home	201	194	65
Small Group Home	882	814	379
Teen Mother Program	42	31	23
Therapeutic Group Home	181	167	118
<b>TOTAL</b>	<b>2,694</b>	<b>2,490</b>	<b>1,010</b>

**Table 54: One-day census of DHR beds, including licensed beds, contracted beds, and beds in use**

Data from ADAA and DDA are the average daily census, by program.

<i>Average Daily Census: ADAA</i>	
<i>Program</i>	<i>Census</i>
Catoctin Summit	15
Jackson Unit	27
Mountain Manor	52
Pathways	11
<b>TOTAL</b>	<b>105</b>

**Table 55: ADAA: Average Daily Census**

<i>Average Daily Census: DDA</i>	
<i>Program</i>	<i>Census</i>
Somerset Community Services	4
Dove Point Residential Services	3
Centers for Progressive Learning	3
Kennedy Krieger Institute	3
Mid-Atlantic Human Services, Corp.	5
Secure Care Services	3
The Arc of Baltimore	3
<b>TOTAL</b>	<b>24</b>

**Table 56: DDA: Average Daily Census**

Information on DJS programs is provided for State Operated Facilities and Programs, and in aggregate form for contracted programs. Data on evening reporting centers, home detention (no electronic monitoring), and community detention with electronic monitoring are not included.

<i>Daily Population Count FY07: DJS</i>			
<i>Program</i>	<i>Census</i>	<i>Rated Capacity</i>	<i>Difference between Census &amp; Rated Capacity</i>
Baltimore City Juvenile Justice Center	128	144	-16
Cheltenham	111	110	1
Lower Eastern Shore	24	24	0
Western Maryland	26	24	2
Carter	23	27	-4
Noyes	48	57	-9
MYRC	17	36	-19
Schaefer House	15	19	-4
Hickey School	70	330	-230
Waxter	41	68	-27
Youth Center—Backbone	42	40	2
Youth Center—Greenridge	40	40	0
Youth Center—Meadow Mountain	40	40	0
Youth Center—Savage Mountain	36	36	0
New Directions—Hickey (Contracted Program)	25	26	-1
O'Farrell (Contracted Program)	41	48	-7
<b>TOTAL PROGRAMS</b>	<b>727</b>	<b>1,069</b>	<b>-312</b>
In-State Per Diems	740	---	---
Out-of-State Per Diems	110	---	---
<b>TOTAL PER DIEMS</b>	<b>850</b>	<b>---</b>	<b>---</b>

**Table 57: DJS: Daily Population Count FY07**

The table below presents the average consumers per day under age 18 in residential treatment centers (in-state and out-of-state) from MHA and the MAPS-MD database. The data are for calendar year 2006, based on claims paid through May 2007. Data include in-state and out-of-state programs, which are broken down separately in the following table.

<i>Average Consumers Per Day Under 18: MHA/MAPS-MD</i>	
<i>Residential Treatment Center</i>	<i>Census</i>
Chesapeake Treatment Center	9
Chesapeake Youth Center, Inc.	18
Good Shepherd Center	77
Potomac Ridge Behavioral Health at Crownsville	26
Potomac Ridge Behavioral Health	2
Potomac Ridge Behavioral Health	70
SCAR/Jasper Mountain	0
Sheppard Pratt Health System	4
Sheppard Pratt Health System	28
The Jefferson School	45
Villa Maria	93
Woodbourne Center Inc.	47
<b>TOTAL IN-STATE</b>	<b>419</b>
Premier Behavioral Solutions-Florida	0
Psychiatric Solutions—Virginia	1
The Devereux Foundation	1
<b>TOTAL OUT-OF-STATE</b>	<b>2</b>

**Table 58: MHA: Average Consumers Per Day, MAPS-MD**

The table below provides the average daily census for the RICAs.

<i>Average Daily Census: MHA</i>	
<i>Regional Institutes for Children and Adolescents (RICA)</i>	<i>Census</i>
RICA-Baltimore	30
RICA-Montgomery County	37
RICA-Southern Maryland	19
<b>TOTAL</b>	<b>86</b>

**Table 59: MHA: Average Daily Census, RICAs**

The information provided below includes residential and non-residential schools, as well as residential and non-residential students. It also includes out-of-state schools in which children were placed.



<i>FY07 Non-Public Special Education School Population Count: MSDE</i>	
Accotink Academy	1
Advo Serv	24
Arrow Project/Baltimore County	65
Arrow Project/Harford County	49
Baltimore Academy	71
Bancroft	5
Benedictine	37
Bennington School, Inc.	10
Board of Child Care	73
Brehm Preparatory School Inc.	1
Brook Lane Health Services	141
Cedar Ridge Children's Home and School	61
Center On Deafness	1
Chelsea School	53
Chesapeake Speech School	1
Chesapeake Treatment Center	5
Children's Guild/Anne Arundel County	23
Children's Guild/Baltimore City	92
Children's Guild/Prince George's County	125
Chimes School	69
Cornell Abraxas Group, Inc, PA	2
CSAAC/Community School	39
Cumberland Hospital	2
Devereux – Georgia	1
Devereux – Pennsylvania	1
Devereux - Texas Treatment Network	1
Episcopal Center For Children	18
Florence Bertell/Baltimore County	111
Florence Bertell/Prince George's County	28
Florida Institute for Neurologic Rehab.	4
Focus Point	39
Forbush at Edgar Allen Poe	27
Forbush at Jessie B. Mason	12
Forbush at Oakmount	32
Forbush School/Baltimore County	334
Forbush School/Margaret Brent	10
Forbush School/Westminster	18
Foundation School/Montgomery	64
Foundation School/Prince George's	157
Frost School	43
Gateway School	58
Good Shepherd Center	42
Grafton School/Virginia	14
Hannah Moore/Baltimore County	144
Harbour School/Anne Arundel County	151
Harbour School/Baltimore County	85
Heartspring School	1
High Road School/Baltimore County	101
High Road School/Cecil County	62
High Road School/Howard County	85

High Road School/Prince George's County	216
High Road School/Southern Maryland	65
Ivymount School	106
Jefferson School/Finan Center	51
Jefferson School/Frederick County	120
Jemicy School	1
Katherine Thomas School	22
Kennedy-Krieger	463
Kennedy-Krieger at Southern High School	1
Kingsbury Day School	11
Lab School of Baltimore	56
Lab School of Washington	29
Leary School/Prince George's County	16
Leary School/Virginia	32
Linwood Children Center	26
Lodge School	37
Lourie Center School	24
Maple Shade School	12
Marcia D. Smith School	6
Matthew's Center for Visual Learning	1
Montgomery Primary Achievement Center	71
National Children's Center	41
National Children Center of Maryland	23
National Deaf Academy, FL	2
New Foundations	49
Norbel School	1
North Spring Behavioral HealthCare, Inc.	2
Pathways School/Anne Arundel County	26
Pathways School/Montgomery County	81
Pathways School/Prince George's County	54
Phillips Programs/Howard County	90
Phillips Programs/Virginia	70
Pines Treatment Center	11
Potomac Ridge - Anne Arundel	45
Potomac Ridge - Eastern Shore	28
Potomac Ridge – Montgomery	98
Salem School	30
San Marcos Treatment Development	1
Shorehaven School	23
St. Coletta School	39
St. Elizabeth School	132
Sterck School	1
Summit School	13
United Cerebral Palsy	50
Valleyhead	1
Villa Maria School	267
Whitney Academy	2
Woodbourne Center	31
Woods School	2
Youth In Transition	86

**Table 60: MSDE: Non-Public Special Education School Population Count**

In addition to the census data provided above, a one-day count was conducted of the therapeutic group homes (TGH) in the state on a single day in May 2007. TGH are a special type of group home that is licensed by DHMH/MHA for 4 to 8 youth that provides residential care as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents with mental health disorders. The table below provides information on the capacity of the TGH, the number of beds filled (by referring agency), and the total number of beds filled.

<i>Organization</i>	<i>Capacity</i>	<i>DHR</i>	<i>DJS</i>	<i>LMB</i>	<i>MHA</i>	<i>MSDE</i>	<i>Total Filled</i>
All That Matters	6	6	0	0	0	0	6
Alternatives for Youth and Families	16	6	4	0	0	0	10
Better You Better Me Inc *	4	3	0	0	0	0	3
Cedar Ridge	8	4	4	0	0	0	8
Children's Guild	24	23	1	0	0	0	24
Guide Program	12	5	7	0	0	0	12
Hearts and Homes for Youth	22	17	3	0	0	0	20
Maple Shade	16	11	1	1	1	1	15
Mosaic Community Services, Inc.*	28	28	0	0	0	0	28
Our Fortress Homes Inc	6	6	0	0	0	0	6
Potomac Ridge Behavioral Health*	16	15	0	0	0	0	15
SanMar	8	5	2	0	1	0	8
Villa Maria	6	5	0	0	1	0	6
<b>25 Homes</b>	<b>172</b>	<b>134</b>	<b>22</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>161</b>
* Accepts DSS youth only							

**Table 61: Capacity of Therapeutic Group Homes**

### ***Children's Cabinet Resource Development Initiatives***

In FY07, the Children's Cabinet Interagency Fund was allocated \$1.5 million for resource development. The funds were divided into three components to ensure the greatest leverage and reach of the dollars allocated for this purpose:

- \$99,669 to Baltimore County Local Management Board as Group Home Impact Funds;
- \$1,000,000 issued through the Invitation to Negotiate Local Integrated Systems of Care to the Local Management Boards for the development of community-based residential child care facilities in underserved regions in the State; and,
- \$400,331 for the implementation of the Outcomes Monitoring System (initially required by HB 1146 (2004) and further mandated by SB 117 (2007)).

*Baltimore County Group Home Impact Funds.* In determining the most appropriate use of the funding, the Baltimore County Local Management Board identified five discrete projects that will benefit children and youth residing in the County's group homes, and/or benefit communities affected by group homes:

- Mobile Police Athletic League. The first program is the Mobile Police Athletic League (Mobile PAL), which was allotted \$16,907. These funds will be used to refurbish a trailer, which will then travel to neighborhoods where there is a concentration of group homes but no active PAL Center. The Police Department will be planning for the Mobile PAL to be in operation on Saturdays during the months of March-June. This program is expected to serve 35-45 youth at each of the six identified sites.
- Woodmoor Boys Lacrosse. This program will receive \$5,717 to enhance an existing lacrosse program that was partially implemented at the Woodmoor PAL Center during the spring of 2005. The program lacked adequate safety equipment to allow the youth to participate in competitions and tournaments. This funding will provide this equipment so that youth in this neighborhood with a high concentration of group homes have an opportunity to interact with police officers and other youth in a positive manner while learning a competitive team sport. The program will serve 20 youth in the community.
- Date Violence Prevention. \$20,000 is being provided to the Baltimore County Department of Social Services to fund a comprehensive program to focus on ending date violence and violence within the school setting in those schools most impacted by the presence of group homes in the community. The funds will support training facilitators, incentives to attract students to participate in 6-8 sessions, and certificates of completion and awards. Thirty students will participate in this program.
- Partnering for Success. \$39,000 is allocated to the Baltimore County Department of Social Services to implement training opportunities as a vehicle to promote collaboration among community partners and group home providers, and to enhance services to the youth placed in group homes. A single-day training will be coordinated for 75 participants, four one-day training sessions will be held for 30 participants each day as part of a training center pilot for direct care staff, and a consultant will provide planning days and technical assistance in developing “Family Finders” initiatives.
- PAAS—Promoting Academic Achievement and Success. The PAAS program will receive \$18,045 to promote academic achievement, positively effect school attendance, increase knowledge of the college admissions process and increase self-esteem among high school students residing in at-risk communities and attending under-achieving schools in the north- and southwest sectors of Baltimore County.

*Invitation to Negotiate Funds.* In May 2006, the Governor’s Office for Children issued an Invitation to Negotiate (ITN) Local Integrated Systems of Care to the Local Management Boards (LMB) on behalf of the Children’s Cabinet. Included in the ITN were the resource development funds in the amount of \$1 million. LMBs had the option to respond to this component of the ITN, and a team representing GOC, the State child-serving Agencies, and family members met with each LMB and their local team in a mutual gains negotiation process.

As a result of the ITN process, the Children’s Cabinet voted to fund two resource development proposals, based on the need for additional residential child care facilities in the geographic locations proposed:

- \$500,000 in FY07 to *The Family League of Baltimore City, Inc.* to support the development of group homes or therapeutic group homes located within Baltimore City.
- \$500,000 in FY07 to *Wicomico Partnership for Families and Children*, on behalf of the eight Eastern Shore jurisdictions (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, and Wicomico, Worcester) to support the development of a group home, diagnostic center, and/or crisis beds on the Eastern Shore.

The jurisdictions receiving funding for resource development have been receiving extensive technical assistance in clearly defining the populations to be served in the group homes and other facilities and ensuring that the new facilities are community-based and as family-like as possible. GOC provided and continues to provide technical assistance in the writing of the RFPs, and it will be expected that the jurisdictions work together and with a State Management Team to coordinate the RFP process and ongoing utilization issues.

*Outcomes Monitoring System.* The remainder of the Resource Development funds, \$400,331, has been allocated for development and implementation of Phase 2 of the HB1146 (2004) report (initially required in 2004, further mandated by SB 117 (2007)). Phase 2 includes two initiatives that will lead to the automation of a report. The Children's Cabinet and the Governor's Office for Children are actively working on implementation of Phase 2.

## Ongoing Initiatives

### ***Single Point of Entry***

The Governor's Office for Children (GOC) serves as a single point of entry (SPE) for 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 residential child care programs for Maryland state child-serving agencies.

As the single point of entry, GOC:

- provides information to persons interested in operating a residential child care program on the licensing, rate setting, contracting and purchase of bed processes;
- accepts proposals from persons interested in developing a residential child care program;
- serves as the point of registration for established providers interested in expanding their residential child care programs;
- coordinates the review of proposals and requests for registration among the agencies; and
- designates a licensing agency to process each completed proposal or request for registration received by the office.

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. Additionally, GOC disseminates agency program monitoring schedules and information concerning sanctions or corrective actions imposed on a residential childcare program. This information 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.

Regional trainings are offered at least four times annually for prospective providers. Approximately 300 potential new providers were trained in FY07. As of mid-June 2007, 291 new and revised proposals had been received during FY07. Twenty-one proposals were sent on to licensing agencies—13 to DHR (1 of which has been licensed), 3 to DDA, 4 to OHCQ (1 of which has been licensed), and 1 sent to DJS. One proposal that was sent to OHCQ in 2006 was licensed in FY07. Expansions were approved for 123 DHR beds and 34 DDA beds. Detailed information about SPE can be found by going to [www.goc.state.md.us](http://www.goc.state.md.us).

### ***Resource Development and Licensing Committee***

The Resource Development and Licensing Committee (RDLC) is a standing committee of the Children's Cabinet. This collaborative interagency committee consists of representatives from the private provider community and partners from the State Agencies that license, monitor and fund children's placements in community based residential facilities.

The 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 the Single Point of Entry process through consultation from child-serving agencies that license group homes.

The RDLC and its member agencies have issued a number of reports in the past year, including quarterly group home incident reports, a Group Homes Performance-Based Incentives Report, a report on Group Home Provider Retained Earnings, and training for Corporate Responsibility and Governance in Residential Child Care Programs. All of these reports can be found by going to [www.goc.state.md.us](http://www.goc.state.md.us) and clicking on publications.

Additionally, the RDLC is currently revising the regulations that govern SPE and residential child care facilities and continues to be engaged in dialogue around the specific resource development needs throughout the state.

### ***Care Coordination Utilizing High Fidelity Wraparound***

Wraparound is a family-centered, community-oriented, strengths-based, highly individualized planning process that relies on a balance of formal and informal (or natural) supports to help children and families achieve important outcomes while they remain, whenever possible, in their homes and communities. In Maryland, the Children's Cabinet has funded pilot sites or innovation zones to provide care coordination services utilizing high-fidelity wraparound (a wraparound service delivery model that adheres to the National Wraparound Initiative's standards).

The Children's Cabinet and Governor's Office for Children are partnering with the Local Management Boards (LMBs) to serve children who are Residential Treatment Center (RTC) and Community Medicaid Eligible in their homes and communities, rather than in an RTC setting. Baltimore City and Montgomery County were the first two LMBs to pilot Wraparound to manage the delivery system and plans of care for "deep-end" children, creating Care Management Entities (CME) beginning in FY06. St. Mary's County LMB is the newest CME, beginning in FY07, and Wicomico County LMB has also begun utilizing Children's Cabinet funds to enhance their Care Management Unit (CMU). Several other LMBs are working toward becoming sites in the future.

In order for the CMEs and CMUs to be successful in their utilization of wraparound, there must be an array of high-quality services, both residential and non-residential, available in the community. The ongoing implementation and expansion of care coordination with high fidelity wraparound services, along with the other systems of care initiatives such as the development of local access mechanisms, will, over time, shift the landscape of resources, as well as have a dramatic impact on children and families.

Preliminary FY07 data from the four wraparound innovation zones show positive outcomes in a number of areas. It should be noted that this was an implementation year for all three jurisdictions, with St. Mary's County only beginning its involvement in the Children's Cabinet-funded project toward the end of the fiscal year. All data are for Children's Cabinet funds only, and do not reflect any other sources of money that may be used locally to provide the same services and supports.

During FY07, 126 children were served with Children's Cabinet funds and, in all three jurisdictions, the actual amount of money spent was equal to or less than the amount budgeted for 100% of children served. In Baltimore City and Montgomery County, the two jurisdictions with a full year of data available, an average of 90% of youth had an increase in overall functioning as measured by the Child and Adolescent Needs and Strengths (CANS) tool at 12 months after the initial plan of care. An average of 82% of youth moved to or maintained a lesser restrictive setting compared to entry at 12 months after the initial plan of care, and there were between 5 and 6 formal and informal supports per family, on average, at discharge. These data, while preliminary, show that youth are improving in functioning and maintaining or moving to less restrictive settings, and families are being empowered and supported through the identification and maintenance of formal and informal supports.

Additionally, the CMEs have been building strong resource networks. In Baltimore City, over 50 resources for everything from GED preparation to therapy have been established, and more than 70 resources have been established in Montgomery County, including several mentoring services that are tailored to the individualized needs of the youth.

One consistent comment made by members of the child and family teams in both Baltimore City and Montgomery County during the Wraparound Fidelity Index data collection (a quality assurance mechanism to assess fidelity to the National Wraparound Initiative's model) is that there is ongoing difficulty in engaging the child-serving Agencies in the child and family team process. It is of critical importance that the caseworkers from DSS and DJS in particular are

active supporters of and participants in the care planning and implementation process or else the “one family, one plan” model will fail and children and families will end up with multiple plans of care with potentially conflicting mandates and goals. DSS and DJS caseworkers bring to the table a wealth of knowledge, experience, and authority, and have the ability to contribute greatly to the success of the plan of care.

### ***Implementation of Evidence-Based Practices, including Treatment Foster Care***

The Evidence-Based Practices Subcommittee of the State of Maryland Blueprint for Children’s Mental Health Committee has issued a report on the prioritization of evidence-based practices (EBP) to improve children’s mental health (see report at [www.medschool.umaryland.edu/innovations](http://www.medschool.umaryland.edu/innovations)). This subcommittee, whose planning process comprised of a broad array of stakeholders including providers, State child-serving Agencies, families, and universities, has made five recommendations:

- 1) Increase efforts to implement a trauma-informed statewide system of care in children’s mental health;
- 2) Support the ongoing efforts in the state for implementing an effective EBP Treatment Foster Care model;
- 3) Support and draw on local efforts to increase the use of Evidence-Based family therapy (Multi-Systemic Therapy, Brief Strategic Family Therapy, and Functional Family Therapy);
- 4) Improve practice-based evidence in respite care and psychiatric rehabilitation programs (PRP); and,
- 5) Work in partnership with the Early Childhood Mental Health and School-Based Mental Health Subcommittees of the Blueprint Committee to further analyze and disseminate the core competencies of the Promising Service Delivery Frameworks and ensure forward progress increasing EBP service delivery, support, and treatment in Maryland.

Of particular importance to this Plan is the second recommendation—to support the implementation of an effective EBP Model of Treatment Foster Care (TFC) in the state. To that end, a roundtable on TFC was held at the MHA Child and Adolescent Annual Conference in June 2007. The roundtable was jointly sponsored by the University of Maryland Innovations Institute (with support from the Children’s Cabinet), the Institute for Children’s Mental Health (a collaborative between the Maryland Coalition of Families for Children’s Mental Health, the University of Maryland, and Johns Hopkins University, with funding from DHMH), and the Maryland Association of Resources for Families and Youth (MARFY) TFC Coalition.

The TFC Coalition’s Quality Assurance Committee (with expanded membership to include State Agencies) has taken the lead on this work, and is charged with being the working body to create a strategic plan to implement an effective EBP TFC model in the state. The recommendations and plan that come from this body, anticipated to be released in the fall 2007, should be supported and adopted as appropriate, to ensure that children and families receive the highest quality of care that will have the greatest positive effect in the least restrictive, most family-like setting possible.

## Data Collection

As was mentioned earlier in the report, a data request was issued to DHR, DJS, DHMH-ADAA, DHMH-DDA, DHMH-MHA, and MSDE. The data request was for a single point in time: January 30, 2007. All of the Child-Serving Agencies were to collect data on the children in out-of-home placement on this date (see Appendix I for the data collection request). It was agreed that a snapshot of a single point in time would help to reduce duplication of data, between and within agencies, and, while not the same date, would provide some degree of comparison to the prior point-in-time survey of June 30, 2005, undertaken for the SB 711 report.

With the wide variety of management information systems in use around the state, the staggered implementation of the new DHR information system (CHESSIE) and the varying purpose of the data collection by the Agency (i.e. for payment information, case record information, etc), the actual date used for the point-in-time study is not consistent across agencies. Below is a listing of the date(s) used by each of the Agencies and Administrations in the completion of this data request:

### **DHMH:**

ADAA: January 31, 2007  
DDA: January 30, 2007  
MHA: January 31, 2007

### **DHR:**

Baltimore City: December 31, 2006  
Baltimore County: April 30, 2007  
Rest of State: January 30, 2007

**DJS:** January 30, 2007

**MSDE:** FY07 data through June 18, 2007

The Agencies were also requested to provide information on whether they collect data on child IQ, Diagnostic and Statistical Manual (DSM)-IV Text Revision (TR) Axis I, II, and III diagnoses, Individual Education Programs (IEP), and out-of-home respite placements. Specifically, they were asked,

- 1) Do you currently capture the data electronically?
- 2) Are these data computerized? If so, are these data fields required to be completed for all children? What is the accuracy and reliability of the data?
- 3) If the data are not currently computerized, then what would it take to gather these data electronically for a future report of the State Resource Plan?

A subsequent data request was made to each of the Agencies, requesting the average daily census of the residential child care programs in which a child was placed on January 30, 2007 and the reason for placement for each child placed outside of his or her home jurisdiction.

Please see Appendix 3 for the detailed answers from each Agency with regard to the collection of IQ, Diagnoses, IEP, Respite Care, and reasons for placement outside of home jurisdiction.



In addition to these data, data for this plan came from the State Children, Youth and Families Information System (SCYFIS) and from files from the State Coordinating Council. The four Local Management Boards (LMB) implementing care coordination utilizing high fidelity wraparound (discussed above) also submitted preliminary FY07 performance data to provide a context for the systems of care initiatives in the state.

## **Caveats and Limitations**

The data contained in this Plan should only be used as a guide and a starting point. The data are from a one-day count; however, as discussed above, different dates were used for different Agencies. Therefore, the data should be unduplicated within Agencies (with the possible exception of DHR), but may not be unduplicated across Agencies. Where duplicates have been identified they were noted, but it is expected that there are several duplicates that were unable to be identified.

Additionally, as the mandate and purpose of each Agency varies, so too does its data collection methodology. Significant changes are currently underway with the data collected from DHR and, as such, there will likely be increasingly reliable information available about the children and youth in placement in the future. Each Agency collects different information in a different manner, making it difficult to fully compare data across Departments; however, consistency in the delivery and analysis of the information was maintained wherever possible.

## **Summary and Conclusions**

The Children's Cabinet remains committed to the development of local, integrated systems of care that ensure that children and their families are served in a culturally and linguistically competent manner, that services are community-based and individualized, and that decisions are child- and youth-guided and family-driven. In order to achieve these principles, new resources must be targeted for underserved areas, and a renewed focus must be on the identification of resources that meet the needs of the families, youth, agencies, and community members involved in the care of children.

It is once again clear from the data presented above that the majority of resources reside in the central region of the state. There continues to be a deficiency of family foster care available inside of Baltimore City, resulting in a domino effect on the rest of the state. Clearly, the need for placements in Baltimore City far exceeds both the City's and the State's capacity, and should be the focus of concerted efforts to establish and sustain additional resources.

In the meantime, it should be noted what a tremendous number of children are being served inside of Baltimore City and, particularly, in relative foster placements. This implies that these children are maintaining some degree of continuity with their family, community, and culture, even while experiencing a disruption from their homes and nuclear families.

A regional approach to resource development that includes partnership with family members and youth is the only way to promote the adequate and appropriate delivery of services and supports to children in their communities. The development of new residential resources for children

should only occur when there is a clearly identified need for the service in that particular jurisdiction or region.

A significant emphasis should be placed on reducing the number of children going out-of-state, and on bringing home those children that can appropriately do so. This report contained a number of recommendations with regard to this issue, including revising regulations to permit RTCs to accept children over the age of 18, analyzing the capacity for in-state hardware secure facilities, and enhancing the ability of providers to serve children whose needs may be particularly hard to address.

The State continues to make progress in reducing the number of children in out-of-home placements. Now is the time to ensure that those children who are in out-of-home placements are in facilities that are as homelike as possible, meet their individual needs, and are close to their families and communities of origin.

# Appendices

## Appendix 1: Data Collection Request

<b>2007 Survey: Utilization</b>	
One Day Census	January 30, 2007: All children in or entering placement on this day (excluding those children exiting this day), collected from all placement providers.
Agencies Participating	DHR, DJS, DHMH ADAA, DHMH DDA, DHMH MHA, MSDE/LSS
Placement Categories	Family Foster Care, Community Based Residential Placement, Non-Community Based Residential Placement, Hospitalization (Psychiatric)
<b>Data Elements – For each child in OOH Placement on 1/30/2007</b>	
<i>Service Provider (Facility/Site) Specific</i>	
Placement Service Provider (Site) Name	The specific service provider, facility, or site where the child is physically living on January 30, 2007
Placement Service Provider (Site) SCYFIS ID Number	Required ONLY for service providers, facilities, and sites that are above family foster care
Placement (Site) Address	Physical Location (not PO Box): street, city, state and zip code
Placement (Site) County	23 counties or Baltimore City, or the State if not Maryland
Placement (Site) Type	As defined by COMAR—COMAR categories will be “crosswalked” to 711/1146 placement categories for analysis
<i>Child Specific</i>	
Child Agency ID–Child	ID number assigned to child by the placement/funding agency
Child Agency ID–Casehead	ID number assigned to casehead by the placement/funding agency
Child Last Name	Full last name
Child Middle Name	Full middle name
Child First Name	Full first name
Child Date of Birth	mm/dd/yyyy
Child Gender	M or F
Child Race and Hispanic Origin	Race and Hispanic designation, following US Census format
Child VPA Status	DHR only—indicate whether child is in one of 2 types of VPA
Child Home Address (parent/guardian, often casehead or head of household)	Physical Location (not PO Box) of current (January 30, 2007) home (parent/guardian) address where child would live if discharged to home: street, city, state and zip code. Also need to offer choices for Incarcerated, TPR, deceased, homeless/shelter and unknown.
Child Home County	23 counties or Baltimore City
Child IQ	IQ and Diagnosis information should be based on most recent assessment. Only being collected for children in public and private RTCs and in psychiatric hospitalizations.
Child Axis I Diagnosis(es)	
Child Axis II Diagnosis(es)	
Child Axis III Diagnosis(es)	
Child Lead Placement Agency	DSS, DJS, ADAA, DDA, MHA, LSS
Child Lead Placement Agency Jurisdiction	23 counties or Baltimore City
Child Placement Funding Source(s)	DSS, DJS, ADAA, DDA, MHA, LSS, MSDE, MA, CSI
Child Agency Staff Name	First and Last Name of Public Agency Frontline Staff
Child Agency Staff Phone	###-###-#### x#####
Child Placement Start Date	mm/dd/yyyy (relating to physical placement on January 30, 2007)
Child—Is this an out-of-home respite placement for this child?	Yes or No

## **Appendix 2: Additional Data Request**

1) For *each* program/facility in which a child was placed on 1/30/07, what is the average daily census for calendar year 2006 (January 2006-December 2006)?

Please provide the data in the following format:

<b>Program Name (as is written in the SCYFIS Resource Directory)</b>	<b>Average Daily Census for CY2006</b>

2) For each child not placed in their home jurisdiction, what was the reason? (Select one of the following reasons, and list the number)

Reasons:

- 1) Proximity to parents/guardians home address
- 2) Only available and appropriate placement with needed services/milieu (per individual service plan)
- 3) Only available and appropriate placement with needed services/milieu (per court order)
- 4) Child's request for particular placement
- 5) Child needed to be removed from community for safety reasons (ex. Gang involvement)
- 6) Only available placement while waiting for more appropriate placement
- 7) Only available placement while waiting for closer placement

If these data are not available electronically, are they captured at all?

- a. If yes,
  - i. Where?
  - ii. How much time would it take to obtain this information?
- b. If no, why not?

### **Appendix 3a: Agency Responses to Data Requests**

The Agencies were requested to provide information on whether they collect data on child IQ, Axis I, II, and III DSM-IV TR Diagnoses, Individual Education Programs (IEP), and out-of-home respite placements. Specifically, they were asked,

- 4) Do you currently capture the data electronically?
- 5) Are these data computerized? If so, are these data fields required to be completed for all children? What is the accuracy and reliability of the data?
- 6) If the data are not currently computerized, then what would it take to gather these data electronically for a future report of the State Resource Plan?

ADAA Response: ADAA does not collect information on IQ, DSM-IV-TR diagnoses, IEP, or whether a placement is a respite placement.

DDA: Response: Information on IQ, DSM-IV-TR diagnoses, IEP, and respite care were not available. Each of the DDA regional offices, however, submitted responses to the specific questions with regard to if and where this information is captured. See Appendix 3b for this information.

MHA Response: Information on Child IQ is not available electronically for children in MHA placements. That information may be on the individual child's charts, but it is not collected centrally and may not even be on all charts. MHA observed that it would not have information about a child's IEP unless the clinician put it in the record. It should be contained in the Local Coordinating Council/ State Coordinating Council records. In order to obtain IEP information in the future, providers would need to ask for the information and collect the data in the same way, the data collection systems would need to be reprogrammed to enter and retrieve the data, and there would need to be a mechanism to update the data as a part of the clinical protocol. Finally, information on whether a child is in an out-of-home respite placement would be found in the clinical record. Since it is not a Medicaid-reimbursed service, this information would not be contained in the MAPS-MD system.

MHA does collect data on Axis I, II and III diagnoses for children in out-of-home placement through the individual child record, as well as the billing system for MAPS-MD (for children in non-state placements) and the hospital information system (for children in RICA placements). MHA provided information on the Diagnostic and Statistical Manual-IV-TR (DSM-IV-TR) diagnoses of the children and youth in MHA placements, which is provided below in the body of the report.

DHR Response: Data on Axis I, II, and III diagnoses, IQ, and respite placements are available as fields in the DHR information system (CHESSIE), but the fields are not yet fully populated for all children, making the available data incomplete.

DJS Response: Information on child IQ and Axis I, II, and III diagnoses currently only exists in paper case files or in a "Doc-Gen" text file in ASSIST, which is a text document that is not searchable or queryable. This information is not currently computerized or required. However, DJS is currently investigating the use of the SMART data system administered by the University of Maryland to capture and manage case and treatment planning information. This is not expected to be complete for at least one year. Information on IEP also exist only in paper case files or text files in ASSIST. However, on or about July 1, 2007, IEP information (e.g. IEPs

created after that date in DJS schools) will be automated in the DJS schools that have internet access, through the use of MSDE's Statewide IEP format. DJS is currently receiving training and preparing to use this IEP. Information on whether a child is in a respite placement is available electronically, as certain providers are coded in the DJS ASSIST system as providing respite services.

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The Agencies were also requested to provide the following information:

For each child not placed in their home jurisdiction, what was the reason? (Select one of the following reasons, and list the number)

Reasons:

- 1) Proximity to parents/guardians home address
- 2) Only available and appropriate placement with needed services/milieu (per individual service plan)
- 3) Only available and appropriate placement with needed services/milieu (per court order)
- 4) Child's request for particular placement
- 5) Child needed to be removed from community for safety reasons (ex. Gang involvement)
- 6) Only available placement while waiting for more appropriate placement
- 7) Only available placement while waiting for closer placement

If these data are not available electronically, are they captured at all?

- c. If yes,
  - i. Where?
  - ii. How much time would it take to obtain this information?
- d. If no, why not?

ADAA Response: Information on the reason(s) why children and youth were placed outside of their home jurisdictions was unavailable from ADAA, as that information would be maintained by the referring agencies.

DDA Response: Information was obtained from each of the DDA Regional Offices with regard to the reasons for the placement of some youth outside of their home jurisdiction. The data came from PCIS2 (the information system) for group homes and, for other placement types, required calls to the Resource Coordination Office or to providers directly. The information is provided in the context of the report.

MHA Response: The data are not available electronically. They may or may not be available in the individual child's record, and they are not captured systematically across the state. If the information is captured, it would likely be contained in the individual chart, but it would take substantial time to obtain the information as it is not currently required.

DHR Response: These data are not available electronically in any fashion and would need to be obtained manually by going through case records.

DJS Response: The information can not be captured in the exact way requested. Some of the data can be found in the "doc-gen" case files in ASSIST (the DJS management information

system), which are basically Word documents that do not provide fields that can be queried. Individual files would need to be read for such data to be quantified and aggregated.

DJS does track referrals to providers and the responses and rejection reasons, and can document that a youth was rejected by all appropriate providers and the reason for rejection. DJS does not have a way to track whether referrals match the youth's individual service plan, because the assessment tools for case planning are not captured electronically in a way that would allow a query as to whether the youth's case needs match the provider or not.

DJS could modify the "reason" tables to include data on the other reasons, but again the focus is on reason for rejection, not reason for ultimate placement. DJS is planning to design and implement an automated case planning tool in a system such as "SMART" over the next few years. This could be used to track reason for out-of-jurisdiction placements if such data is necessary.

In the meantime, for each youth placed in a committed out of home placement, DJS could estimate the time it would take to manually document the reason, and would offer a ballpark estimate of about a half hour per placement for the caseworker or resource specialist to collect the reason for placement. DJS placed 2,159 youth into OOH placements in FY2006.



**Appendix 3b: DDA: Regional Responses to Survey Questions**

**STATE RESOURCE PLAN 2007 SURVEY**

**DDA Regional Responses**

**DATA ELEMENT: Child IQ**

**Q1. Where does data on child IQ reside for children in OOH placement?**

The information would be found in the Child's Resource coordination file at one of the 9 Health Departments where that service is licensed in the **Eastern Region**.

**Central Maryland Regional Office (CMRO)** does not track a child's FSIQ and enter it anywhere specifically. It generally is noted in the Critical needs Recommendation form. Documentation is maintained within the Resource Coordinator's file or the CMRO worker's file.

**Western Maryland Regional Office (WMRO)** The information is usually found within the text of various assessments and reports in the individual's confidential record and also the Service Coordination file of the assigned service coordinator in each of the five counties of Western Maryland. Depending upon who has made the OOH placement (DJJ, DDA, MHA, BOE, or DDS, the information may be kept by different agencies.

**Southern Maryland Regional Office (SMRO)**

Typically this information can be found within the CNRL and often in other reports regarding a specific individual. This information is kept in the individual consumer files in the SMRO. It is important to note that because the criteria for eligibility for DDA services is based on a functional assessment and not related to an IQ score, we do not identify this IQ score as having any real importance to understanding the person and hi/her overall functioning.

**Q2. Is the data computerized? If so, are these data fields required to be completed for all children? What is the accuracy and reliability of the data?**

**ESRO:** If the child is DDA funded and/or has gone through the eligibility and access process, the disability (ies) would be listed but IQ scores would not be.

**CMRO:** DDA does not record the FSIQ anywhere specifically. As noted previously, the information is listed on the Critical Needs Recommendation Form. PCIS 2 has a place to list disability but not FSIQ.

**WMRO:** The data is not computerized and not a part of PCIS 2 information. PCIS 2 information only includes "functional level" for mental retardation.

**SMRO:**

Data is not computerized.

**Q3. If the data is not currently computerized, then what would it take to gather the data electronically for a future report of the State Resource Plan?**

**ESRO:** A revamping of the data system that would be a State wide change.

**CMRO:** It would take a general overhaul of PCIS or a new program would need to be developed specifically for children. However, listing a FSIQ has the potential to be misleading. For instance, a low FSIQ is not a reason to assume that a child has MR. Adaptive levels, etiology, mental health issues, etc. all play a major factor in determining a disability.

**WMRO:** It is our opinion that IQ scores should not be computerized. IQ scores are not always a reflection of the person since they often fluctuate greatly. IQ scores can be very misleading.

**SMRO:**

An additional field could be added to PCIS II, but I question the value of focusing on an IQ score.

**DATA ELEMENTS: Child Diagnosis (es) Axis I, Axis II, Axis III**

**Q1. Where does data on child Axis I, II, and III diagnoses reside for children in OOH placements?**

**ESRO:** Same as #2

**CMRO:** I would suspect that diagnoses are tracked and entered into a data base maintained by LCC's, LMB's, and SCC's. I do not believe there is a specific data base which houses the detailed information you are requesting from Service Coordination Inc. either.

**WMRO:** The data most likely resides with the Office of Children and Families in each county or with the funding agency. There currently is a statewide SCYFIS data base managed by the OCFs. This information has been used by Local Coordinating Committees to make decisions concerning out of home placements. There is an LCC which convenes on a regular basis in the county where the individual lives.

The regional office also keeps various evaluations and reports within the text of client files which contain axis information however it varies greatly between reports. The information is not computerized.

**SMRO:**

Same response Q1 on previous page.

**Q2. Is the data computerized? If so, are these data fields required to be completed for all children? What is the accuracy and reliability of the data?**

**ESRO:** If the child isn't DDA funded, the information may not be present in the data system.

**CMRO:** If DDA is unaware of a child, or is not funding a child, for obvious reasons, that information will not be stored anywhere. That does not mean that some of the information is not in a file.

**WMRO:** Axis information is not in PCIS 2. It is in the client file only. The information is not always accurate. We see dramatic changes from one report to another.

**SMRO:**

The SMRO may not have much information on a child in an OOH placement if we are not funding the placement. If we are the funder we would typically have that information in the individual consumer file in the SMRO and on the Service Funding Plan.

**Q3. If the data is not computerized, then what would it take to gather the data electronically for a future report of the State Resource Plan?**

**ESRO:** A working agreement to share information on placed children across administrations could assure all information is shared as appropriate. If a child has a developmental disability and is funded out of home by DSS, it makes sense for DDA to have that information. If a child without disabilities is funded out of home by DJS for substance abuse treatment, it would not make sense for DDA to receive that information.

**CMRO:** You would need to have a working agreement with all agencies that serve children to input, correct and exchange information. However, that in itself creates several possibilities of corrupting a data base. The real question is who really needs the information and for what reason. All children who are placed into DDA licensed programs should have gone through the eligibility process and determined eligible regardless of whether DDA provides funding, so we should have the data. There are many children, however, who do not have a disability that would qualify them for services through DDA. These kids are placed for a variety of reasons. Why would DDA need to have that information? Is it a violation of HIPPA?

**WMRO:** It may not be appropriate for agencies not working with the individual to have access to that information. Also, putting the information in a database may be misleading. There are also confidentiality issues which would need to be addressed in terms of what information which can be released and shared among agencies.

**SMRO:**

See previous response.

**QUESTIONS FOR DATA ELEMENTS NOT BEING COLLECTED FOR THE 2007 STATE RESOURCE PLAN BUT FOR WHICH THERE HAS BEEN AN INTERES EXPRESSED IN COLLECTING FOR FUTURE REPORTS**

**Proposed Data Element: Child IEP**

**Proposed sub-elements: Does the child have an IEP? If yes, what are the primary and secondary Federal Census codes associated with the IEP?**

**Q1. Where do these data elements reside for children in OOH placement?**

**ESRO:** I would think the information would be with the LEA, State Board of Education.

**CMRO:** DDA does not generate IEPs. I would imagine you would need to get that information from the schools they are in or the LCCs., etc. would maintain that information.

**WMRO:** DDA does not have this information. It probably is with the LEA and or the State Board of Education. Occasionally copies are received, but updated or revised copies are not regularly received.

**SMRO:**

I imagine that this information would be with the LEA or the State Board of Education.

**Q2. Is the data computerized? If so, are the data fields required to be completed for all children? What is the accuracy and reliability of the data?**

**ESRO, CMRO, WMRO, SMRO: N/A**

**Q3. If the data is not currently computerized, then what would it take to gather this data electronically for a future report of the State Resource Plan?**

**ESRO, CMRO, WMRO, SMRO: N/A**

**PROPOSED DATA ELEMENT: IS THIS AN OUT-OF-HOME RESPITE PLACEMENT FOR THIS CHILD?**

**Q1. Where do these data elements reside for children in OOH placement?**

**ESRO:** A child with DDA funding would have that information documented in either an Individual Plan (IP) or the Service Funding Plan (SFP).

**CMRO:** If the child is in regular respite, behavioral respite or transitional respite, because these services are temporary through DDA, general information would be in the child's record as noted in earlier responses. If a child is placed in residential services, depending on the model, respite is not separate from residential and is built into the residential plan. There is a description of the consumer in the first part of the plan.

**WMRO:** Respite in the DDA system is temporary (time limited by regulation). Respite is not used in the DDA system for an OOH placement.

**SMRO:**

If the child was funded by the DDA that information would typically be found in the Service Funding Plan (SFP) as a Family Support Service (FSS) and/or in the Individual Plan (IP) or the Individual Education Plan (IEP).

**Q2. Is the data computerized? If so, are these data fields required to be completed for all children? What is the accuracy and reliability of the data?**

**ESRO:** No, the information in the funding document kept in Regional Office files only gets computerized in the general terms of Day, Residential, or Support Services in the data entered in PCIS 2.

**CMRO:** This information is part of a plan and not computerized. Only the payment is computerized and the information from MAPS to determine levels may be on a specific data they use. Data entered into any data base system is only as reliable as the documentation provided and the person entering it.

**WMRO:** Respite information is not in PCIS 2. Respite is generally provided as part of a support plan and cannot always be separated out.

**SMRO:**

Data is not computerized unless it is the SFP or IP/IEP.

**Q3. If the data is not currently computerized, then what would it take to gather this data electronically for a future State Resource Plan?**

**ESRO:** The PCIS 2 data system would have to prompt for more specific listing of specific services under Support Services.

**CMRO:** DDA's data base, PCIS 2 is not specific to respite or things like rolling access. Services from DDA, while there are many models, fall into day, residential and supports. That generalized data is entered into PCIS. It would need to be modified to be able to enter the respite as a specific service that would fall under Supports.

**WMRO:** the regional office does not always have access to the specific respite information. Respite is included in other models of service and is not always specifically separated out.

**SMRO: ?**

## ***Appendix 4: Provider Information***

Please see separate attachment for chart with provider name, licensing agency, jurisdiction, licensed capacity, gender served, and program description. This information can also be obtained by going to the State Resource Directory and searching for particular programs within specific jurisdictions—please go to the GOC website ([www.goc.state.md.us](http://www.goc.state.md.us)) and click on “SCYFIS Resource Directory.”

### **Appendix 5: DHR Program Capacity and Utilization, July 31, 2007**

The tables below provide information on the community-based residential placements and residential treatment centers with which DHR has contracts. The table provides the name of the provider, the license type, the license issue and expiration dates, the licensing agency, the number of licensed beds, the number of beds that DHR has contracted for, and the number of those beds that were in use on July 31, 2007. The tables include out-of-state placements.

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Creative Options -- Scarborough	Alternative Living Unit	9/25/2006	9/24/2007	DDA	2	2	0
Creative Options Stevens Forest	Alternative Living Unit	9/25/2006	9/24/2007	DDA	2	2	0
CSAAC Burnside	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
Arc of Anne Arundel County, Inc. Forest View	Alternative Living Unit	6/30/2006	6/30/2008	DDA	3	3	3
Arc of Anne Arundel County, Inc. Benton	Alternative Living Unit	6/30/2006	6/30/2008	DDA	3	3	3
CSAAC Horizon Run	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
CSAAC Stedwick	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
CSAAC Montgomery	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
CSAAC Girard	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
CSAAC Burnside	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
CSAAC Stedwick	Alternative Living Unit	1/4/2007	1/3/2009	DDA	3	3	0
Creative Options -- Old Court	Alternative Living Unit	9/25/2006	9/24/2007	DDA	3	3	0
First Metropolitan Facilities, Inc	Alternative Living Unit	6/2/2007	5/12/2009	DDA	6	10	10
Second Family Nyanga	Alternative Living Unit	6/4/2007	3/20/2009	DDA	3	3	1
Second Family - Minna	Alternative Living Unit	6/4/2007	3/20/2009	DDA	3	3	3
Hearts & Homes Starting Over Apartments	Alternative Living Unit	7/1/2003	4/1/2008	DHR	14	14	0
New Pathways Second Generations	Alternative Living Unit	6/30/2007	6/29/2009	DHR	75	75	8
New Pathways Independence Plus	Alternative Living Unit	6/30/2007	6/29/2009	DHR	100	50	26
<b>TOTAL FOR ALTERNATIVE LIVING UNITS:</b>					<b>235</b>	<b>189</b>	<b>54</b>

**Table 62: DHR Alternative Living Unit Licensed Beds & Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage- 7/31/07
Adventist Behavioral Healthcare At Crownsville	RCC: Large Group Home	8/12/2006	8/11/2008	DHR	18	12	5
Advoserv	RCC: Large Group Home	6/1/2006	6/30/2009	DHR	20	20	7
Arrow Transitional Living	RCC: Large Group Home	5/21/2007	5/14/2009	DHR	18	18	5
AT&T Counseling Consultants Inc.	RCC: Large Group Home	2/17/2007	2/16/2009	DHR	16	16	3
Aunt Hattie's Place, Inc. Maine	RCC: Large Group Home	8/31/2005	8/31/2007	DHR	12	12	9
Bennington Joe Arrington Board of Child Care Main Campus Gaither Rd	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	2	2	0
Cedar Ridge Children's Home	RCC: Large Group Home	2/16/2007	2/15/2009	DHR	85	75	73
Childrens Home Long Term Care Home	RCC: Large Group Home	3/26/2007	3/25/2009	DHR	24	24	5
Children's Resources, Inc - Shining Tree	RCC: Large Group Home	6/18/2007	6/15/2009	DHR	48	48	26
Children's Resources, Inc. -- Big Pines	RCC: Large Group Home	10/10/2006	10/10/2008	DHR	14	14	7
Clarinda Academy	RCC: Large Group Home	10/11/2006	10/10/2008	DHR	14	14	3
Coastal Harbor	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	4	4	0
Cumberland Hospital	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	2	2	0
Devereux Texas	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	4	4	1
Devereux Georgia	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	1
Florida Institute	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	1
Grafton	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	10	10	1
Hill Crest	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	4	4	3
Jentry E. McDonald Sr. McCulloh	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
Kidspeace Mesabi	RCC: Large Group Home	3/19/2007	3/16/2009	DHR	15	6	8
Lake Grove at Maple Valley Daniel Roberson	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
Manatee Palms	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
Mary Elizabeth Lange Center, Inc.	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	3	3	0
Maryland Salem Children's Trust Inc	RCC: Large Group Home	8/9/2005	8/9/2007	DHR	24	24	4
Maryland Sheriff's Youth Ranch - Frederick	RCC: Large Group Home	3/31/2007	3/30/2009	DHR	24	24	20
Mentor -- Colbourne Group Home DJJ	RCC: Large Group Home	11/16/2006	12/5/2008	DHR	28	12	17
National Center for Children and Families RCC	RCC: Large Group Home	7/27/2007	5/21/2008	DJJ	8	8	0
National Deaf Academy	RCC: Large Group Home	4/12/2006	4/12/2008	DHR	20	20	3
Our House, Inc.	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
	RCC: Large Group Home	2/1/2006	3/25/2008	DHR	16	16	1



Riverside RTC Aleshea Whitten	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	2	2	0
San Mar Children's Home, Inc Group Home	RCC: Large Group Home	2/2/2007	2/1/2009	DHR	21	26	9
Sheppard Pratt High Intensity Adolescent Respite Program	RCC: Large Group Home	11/2/2006	11/1/2008	DHR	34	12	19
The Pines	RCC: Large Group Home	7/1/2006	7/7/2009	DHR	5	5	0
The Woods School	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	2	2	0
Transformations Group Home	RCC: Large Group Home	7/24/2006	7/24/2008	DHR	10	10	2
US Fellowship Eastern Point Group	RCC: Large Group Home	6/16/2007	6/16/2009	DHR	12	12	6
US Fellowship-Oak Hill House	RCC: Large Group Home	6/16/2007	7/17/2009	DHR	14	14	4
Valleyhead	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
Whitney Academy	RCC: Large Group Home	7/1/2006	7/1/2009	DHR	1	1	0
<b>TOTAL FOR LARGE GROUP HOME</b>					<b>541</b>	<b>483</b>	<b>243</b>

**Table 63: DHR Large Group Home Licensed Beds & Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Assoc Catholic Charities Chara House	RCC: Medically Fragile	10/9/2006	10/8/2008	DHR	8	8	8
<b>TOTAL FOR MEDICALLY FRAGILE</b>					<b>8</b>	<b>8</b>	<b>8</b>

**Table 64: DHR Medically Fragile Program Licensed Beds & Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Brook Lane Stone Bridge Transitional Care Respite	RCC: Respite	7/1/2003	11/15/2007	DHR	24	24	18
<b>TOTAL FOR RESPITE</b>					<b>24</b>	<b>24</b>	<b>18</b>

**Table 65: DHR Respite Program Licensed Beds & Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Youthtown USA	RCC: Shelter Home	4/6/2006	4/6/2008	DHR	4	4	1
Board of Child Care Hagerstown Girls Shelter	RCC: Shelter Home	2/16/2007	2/15/2009	DHR	6	5	1
Board of Child Care Safe Haven	RCC: Shelter Home	2/16/2007	2/15/2009	DHR	6	5	3
Board of Child Care Mt Airy Shelter	RCC: Shelter Home	2/16/2007	2/15/2009	DHR	6	5	1
Board of Child Care Hagerstown Girls Shelter	RCC: Shelter Home	2/16/2007	2/15/2009	DHR	6	6	1
Maryland Salem Children's Trust Shelter	RCC: Shelter Home	3/30/2007	3/30/2009	DHR	8	8	1
Childrens Home Transitional Living	RCC: Shelter Home	6/16/2007	6/15/2009	DHR	8	8	7
Children's Home Shelter Program	RCC: Shelter Home	6/18/2007	6/15/2009	DHR	8	8	5
North American Family Inst Sykesville Str. Shelter	RCC: Shelter Home	7/1/2006	6/30/2008	DJJ	10	10	0
US Fellowship-Eastern Point Shelter	RCC: Shelter Home	6/16/2007	6/16/2009	DHR	11	11	1
San Mar Graff Shelter for Girls	RCC: Shelter Home	6/16/2006	6/15/2008	DJJ	12	12	4
Woodbourne Bridges	RCC: Shelter Home	9/16/2006	9/15/2008	DHR	13	13	0
Hearts & Homes Caithness Shelter Home	RCC: Shelter Home	8/11/2004	4/1/2008	DHR	14	14	2
North American Family Inst Aunt CC Harbor House	RCC: Shelter Home	12/20/2006	12/19/2008	DJJ	15	15	0
Board of Child Care Girls Boys Shelter	RCC: Shelter Home	2/16/2007	2/15/2009	DHR	24	20	12
Woodbourne Children's Diagnostic Center	RCC: Shelter Home	2/28/2006	2/28/2008	DHR	50	50	26
<b>TOTAL FOR SHELTER HOME</b>					<b>201</b>	<b>194</b>	<b>65</b>

**Table 66: DHR Shelter Home Licensed Beds and Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Care With Class, Inc - Apt B2	RCC: Small Group Home	4/17/2006	11/17/2007	DHR	3	3	0
Care With Class, Inc. - Apt A3	RCC: Small Group Home	11/17/2005	11/17/2007	DHR	3	3	2
Woolford Samoset	RCC: Small Group Home	12/12/2005	12/12/2007	DHR	3	3	1
Good Children in the Making Della's House I	RCC: Small Group Home	10/20/2006	10/20/2008	DHR	3	3	1
NCIA Milford Mill Rd	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	1
NCIA Charles St	RCC: Small Group Home	11/3/2006	11/2/2008	DHR	3	3	0
NCIA Innerdale Ct	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
NCIA Eldorado Ave	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
NCIA Bridgadoon Trail	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
NCIA Hartsdale Road	RCC: Small Group Home	11/3/2006	11/2/2008	DHR	3	3	0
NCIA Battersea Pl	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	1
NCIA Woodlawn Dr	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
NCIA Shoshoney Way	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
NCIA Milford Mill	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	4
National Youth Ministries Alliance RCC	RCC: Small Group Home	11/3/2006	8/10/2007	DHR	3	3	3
NCIA-Burnwood Avenue	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	3	3	0
House of NYMA- Joyceton Tr.	RCC: Small Group Home	11/22/2006	8/10/2007	DHR	3	3	0
Place for Children Hilmar (#1)	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	3	3	2
Place for Children Hilmar (#2)	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	3	3	3
Place for Children Painted Post	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	3	3	2
Place for Children Church Lane	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	3	3	0
Jumoke, Inc. Eveshem	RCC: Small Group Home	10/1/2006	9/30/2008	DHR	4	0	0
Graceville Group Home for Boys, Inc. Middleborough	RCC: Small Group Home	8/7/2006	8/6/2008	DHR	4	2	0
Graceville Group Homes Inc. Foxcroft	RCC: Small Group Home	8/7/2006	8/6/2008	DHR	4	2	1
Woolford Cherrydell	RCC: Small Group Home	12/12/2005	12/12/2007	DHR	4	3	3
Woolford House Queens	RCC: Small Group Home	12/12/2005	12/12/2007	DHR	4	3	2
Woolford Winslow	RCC: Small Group Home	12/12/2005	12/12/2007	DHR	4	3	2
Inspiring Minds	RCC: Small Group Home	10/28/2005	10/28/2007	DHR	4	4	1
Clinton Home	RCC: Small Group Home	3/5/2006	3/5/2008	DHR	4	4	2
Adolescent Residential Community Homes	RCC: Small Group Home	4/17/2006	4/16/2008	DHR	4	4	6
MAGIC 8 WALDEN PINE	RCC: Small Group Home	11/16/2005	11/16/2007	DHR	4	4	1
MAGIC 9 Walden Oak	RCC: Small Group Home	11/16/2005	11/16/2007	DHR	4	4	1

Arc of Washington-Foundations	RCC: Small Group Home	10/15/2005	10/15/2007	DHR	4	4	2
Arc of Washington-Harp House	RCC: Small Group Home	10/15/2005	10/15/2007	DHR	4	4	4
Arc of Washjngton-Jefferson House	RCC: Small Group Home	10/15/2005	10/15/2007	DHR	4	4	9
Franklin Group Homes, Inc - Wild Cherry	RCC: Small Group Home	4/24/2006	4/24/2008	DHR	4	4	2
Franklin Group Homes, Inc - Lorraine	RCC: Small Group Home	4/24/2006	4/24/2008	DHR	4	4	2
Good Children in the Making Della's II	RCC: Small Group Home	10/20/2006	10/20/2008	DHR	4	4	1
NCIA-Hartsdale Road	RCC: Small Group Home	11/3/2006	11/3/2008	DHR	4	4	0
Daisyfields Foundation, Inc.	RCC: Small Group Home	11/20/2006	11/20/2008	DHR	4	4	2
Starflight Brigadoon Trail	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	4	4	2
Starflight Rocky Brook Ct	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	4	4	0
Starflight Canwick	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	4	4	1
Place for Children Ingham Road	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	4	4	0
Place for Children Greenwood (#1)	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	4	4	0
Place for Children Greenwood (#2)	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	4	4	0
Place for Children Vosges Road	RCC: Small Group Home	1/27/2007	1/26/2009	DHR	4	4	0
Board of Child Care Rolling Road	RCC: Small Group Home	2/16/2007	2/15/2009	DHR	4	4	0
Jentry E McDonald Sr. Gwynn Falls	RCC: Small Group Home	3/19/2007	3/16/2009	DHR	4	4	1
First Metropolitan Sydney Avenue	RCC: Small Group Home	5/13/2007	5/12/2009	DDA	4	4	0
First Metropolitan Brooks Dr.	RCC: Small Group Home	5/13/2007	5/12/2009	DDA	4	4	0
Better You Better Me RCC DHMH	RCC: Small Group Home	6/6/2007	1/31/2009	DHMH	4	4	1
Her Place, Inc.	RCC: Small Group Home	4/30/2007	4/29/2009	DHR	4	4	1
Compassion, Inc. Oakland	RCC: Small Group Home	7/1/2007	7/3/2009	DHR	4	4	3
Bishop-Bush Homecare, Inc.	RCC: Small Group Home	7/13/2007	7/12/2009	DHR	4	4	2
Jumoke, Inc. Gwynn	RCC: Small Group Home	10/1/2006	9/30/2008	DHR	5	1	1
Jentry E McDonald Sr Pentwood	RCC: Small Group Home	3/19/2007	3/16/2009	DHR	5	2	2
Board of Child Care Nicodemus	RCC: Small Group Home	2/16/2007	2/15/2009	DHR	5	3	1
Jentry E McDonald Stonewood	RCC: Small Group Home	3/19/2007	3/16/2009	DHR	5	3	4
Mumsey Residential	RCC: Small Group Home	12/28/2006	12/27/2008	DHR	5	4	4
Cedar Ridge - Jordan House	RCC: Small Group Home	3/26/2007	3/25/2009	DHR	5	4	1
Challengers Bert Place	RCC: Small Group Home	12/19/2005	12/19/2007	DHR	5	5	2
Lazarus House, LLC	RCC: Small Group Home	11/17/2005	11/2/2007	DHR	5	5	2
F&N Children Youth Homes Justin Way	RCC: Small Group Home	3/15/2006	3/15/2008	DHR	5	5	5
My Sister's House Inc Henderson	RCC: Small Group Home	9/16/2005	9/16/2007	DHR	5	5	2
Arc of Washington-Foundations II	RCC: Small Group Home	10/15/2005	10/15/2007	DHR	5	5	0
Arc of Washington-Potomac House	RCC: Small Group Home	10/15/2005	10/15/2007	DHR	5	5	2
MAGIC Purnell Drive	RCC: Small Group Home	11/16/2005	11/16/2007	DHR	5	5	4

Franklin Group Homes - Offutt	RCC: Small Group Home	4/24/2006	4/24/2008	DHR	5	5	4
Franklin Group Homes, Inc - Rosemont	RCC: Small Group Home	4/24/2006	4/24/2008	DHR	5	5	6
Devine Intervention Group Home	RCC: Small Group Home	9/21/2005	9/21/2007	DHR	5	5	3
Tuttie's Place 5317 Bellville Avenue	RCC: Small Group Home	7/1/2006	7/15/2008	DHR	5	5	4
Sarah House I	RCC: Small Group Home	8/21/2006	8/20/2008	DHR	5	5	2
Sarah House II	RCC: Small Group Home	8/21/2006	8/20/2008	DHR	5	5	0
Changing Lives At Home, Inc.	RCC: Small Group Home	6/27/2006	6/27/2008	DHR	5	5	3
Safe Healing House (Frankford)	RCC: Small Group Home	11/17/2006	11/17/2008	DHR	5	5	1
Starflight Quiet Hours	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	5	5	2
Starflight Hanna Ct	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	5	5	2
Starflight Meadow Ave	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	5	5	6
Boyz II Men Youth Program	RCC: Small Group Home	4/2/2007	4/1/2009	DHR	5	5	4
W.E. Youth Services	RCC: Small Group Home	4/24/2007	3/1/2009	DHR	5	5	1
Self Pride, Inc. Fresh Start	RCC: Small Group Home	5/23/2007	5/22/2009	DHR	5	5	0
Family Solutions, Pollyanna's Place	RCC: Small Group Home	7/1/2007	10/3/2008	DDA	5	5	1
First Metropolitan Dogwood Lane	RCC: Small Group Home	5/13/2007	5/12/2009	DDA	5	5	1
Shorehaven Vanderln	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
Shorehaven Short Cut	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
Shorehaven Pine Valley	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
Shorehaven Park Towne	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
Shorehaven Mary Anita	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
Shorehaven 108 Continental	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	5	5	0
For Youth Enterprises, Inc. Valley Park	RCC: Small Group Home	5/30/2006	5/30/2008	DHR	6	1	1
Jumoke Inc Ulman	RCC: Small Group Home	10/1/2006	9/30/2008	DHR	6	3	9
Inner County Outreach Edgewood	RCC: Small Group Home	11/14/2005	11/14/2007	DHR	6	4	4
Holy Care Group Homes, Ingraham	RCC: Small Group Home	6/2/2007	9/27/2007	DDA	6	4	12
Bello Machre Ray Kursch Home DDA	RCC: Small Group Home	7/1/2007	3/9/2009	DDA	6	5	0
Associated Catholic Charities Villa Maria							
TGH DHMH	RCC: Small Group Home	2/1/2006	1/31/2009	DHMH	6	6	19
Inclusive Residential Services, Inc.	RCC: Small Group Home	12/1/2005	12/1/2007	DHR	6	6	2
Mom-Mom's Place, Inc.	RCC: Small Group Home	9/6/2005	9/6/2007	DHR	6	6	2
Youth Vision-Crandall	RCC: Small Group Home	3/13/2006	3/13/2008	DHR	6	6	2
Aries Residential Services	RCC: Small Group Home	11/26/2005	11/26/2007	DHR	6	6	2
Dreamkeepers Group Home	RCC: Small Group Home	5/25/2006	5/25/2008	DHR	6	6	2
National Residential-Cherry Hill	RCC: Small Group Home	10/20/2006	10/20/2008	DHR	6	6	2
Day By Day Residential Services	RCC: Small Group Home	5/7/2005	10/7/2007	DHR	6	6	1

Tuttie's Place Chelsea Terrace	RCC: Small Group Home	7/1/2006	7/15/2008	DHR	6	6	7
Tuttie's Place Bellville Avenue	RCC: Small Group Home	7/1/2006	7/15/2008	DHR	6	6	3
Offsprings, Inc. Group Home	RCC: Small Group Home	8/1/2006	7/31/2008	DHR	6	6	5
Starflight Silver Creek	RCC: Small Group Home	1/20/2007	3/31/2008	DHR	6	6	4
Starflight Clarks Ln	RCC: Small Group Home	12/7/2006	3/31/2008	DHR	6	6	4
Daisyfields Foundation, Inc. 3814 Ednor	RCC: Small Group Home	11/16/2006	11/15/2008	DHR	6	6	3
AKOMA, Inc. Springdale	RCC: Small Group Home	6/27/2006	6/5/2008	DHR	6	6	3
Great Esteem -- Jessup	RCC: Small Group Home	9/18/2006	9/18/2008	DHR	6	6	1
Shorehaven Hollywood Beach	RCC: Small Group Home	12/6/2005	12/5/2007	DDA	6	6	0
Our Fortress Homes Parkside DHMH	RCC: Small Group Home	1/31/2007	1/31/2009	DHMH	6	6	0
All That Matters DHMH Chalfont	RCC: Small Group Home	9/20/2005	9/20/2007	DHMH	6	6	0
A New World, Inc.	RCC: Small Group Home	7/15/2007	7/14/2009	DHR	6	6	3
Trimir Home Westview Lane	RCC: Small Group Home	1/11/2007	1/11/2009	DHR	6	6	0
M.S. Youth Services, Inc. Look Out Place	RCC: Small Group Home	11/25/2006	11/8/2008	DHR	6	8	0
Holy Care Group Homes, Ingraham	RCC: Small Group Home	6/2/2007	9/27/2007	DDA	12	12	12
Trivisions, Inc. Group Home	RCC: Small Group Home	4/5/2006	4/20/2008	DHR	7	5	3
Good Children in the Making Marsha's House	RCC: Small Group Home	10/20/2006	10/20/2008	DHR	7	7	0
Structures Youth Homes, Inc - Girls	RCC: Small Group Home	8/6/2006	8/6/2008	DHR	7	7	6
Trimir Home for Children and Families Woodside	RCC: Small Group Home	1/12/2007	1/11/2009	DHR	7	7	4
CHEO Group Homes, Inc. - Wilenoak Ct	RCC: Small Group Home	6/26/2007	6/25/2009	DHR	7	7	4
Structures Youth Home, Inc. - Boys	RCC: Small Group Home	8/6/2006	8/6/2008	DHR	8	6	6
All That Matters DHMH Bellgreen	RCC: Small Group Home	6/6/2007	8/31/2008	DHMH	8	6	2
Board Of Child Care Colesville Group Home Alternative for Youth and Families	RCC: Small Group Home	2/16/2007	2/15/2009	DHR	8	7	9
Lighthouse DHMH	RCC: Small Group Home	6/6/2007	3/31/2008	DHMH	8	7	7
Hearts & Homes Langworthy Boys Group Home	RCC: Small Group Home	4/1/2006	4/1/2008	DHR	8	8	0
Hearts & Homes Kemp Mill Boys Group Home	RCC: Small Group Home	4/1/2005	4/1/2008	DHR	8	8	3
Williams Life Center, Inc. Group Home I Mason	RCC: Small Group Home	12/29/2005	12/29/2007	DHR	8	8	7
Hearts & Homes Helen Smith Girls Group Home	RCC: Small Group Home	7/1/2006	4/1/2008	DHR	8	8	1
Hearts & Homes John C. Tracey Boys Group Home	RCC: Small Group Home	7/1/2006	4/1/2008	DHR	8	8	0
All That Matters RCC	RCC: Small Group Home	11/11/2005	11/6/2007	DHR	8	8	7

Rolling Vista Place	RCC: Small Group Home	11/3/2006	11/17/2007	DHR	8	8	5
National Residential Services Sandy Spring	RCC: Small Group Home	11/4/2006	11/4/2008	DHR	8	8	0
McJoy's Joy Covenant	RCC: Small Group Home	9/1/2006	8/9/2008	DHR	8	8	4
Where Angels Tread	RCC: Small Group Home	3/2/2007	3/2/2009	DHR	8	8	4
Mansion at Focus Point - Clinton	RCC: Small Group Home	5/6/2007	5/5/2009	DHR	8	8	6
Maple Shade Youth Boys Group Home							
Salisbury DJS	RCC: Small Group Home	2/3/2007	2/2/2009	DJJ	8	8	0
Cedar Ridge Children's Home & School							
DHMH	RCC: Small Group Home	1/31/2007	1/31/2009	DHMH	8	8	0
Maple Shade Girls Group Home Linkwood							
DJS	RCC: Small Group Home	6/15/2007	9/19/2008	DJJ	8	8	0
Alternative for Youth and Families							
Lighthouse DHMH	RCC: Small Group Home	6/6/2007	3/31/2008	DHMH	8	16	7
Cumberland YMCA Allegany County Girls Home	RCC: Small Group Home	8/5/2006	8/4/2008	DJJ	9	9	2
Fellowship Of Lights Harris House	RCC: Small Group Home	3/8/2006	3/8/2008	DHR	9	9	1
Tuttie's Place Mamon Avenue	RCC: Small Group Home	7/1/2006	7/15/2008	DHR	9	9	6
Fellowship of Lights, Inc. Peggy's Place	RCC: Small Group Home	3/8/2006	3/8/2008	DHR	10	10	4
Kent Youth, Inc. Boys Program	RCC: Small Group Home	11/8/2005	11/7/2007	DJJ	10	10	0
Youth Enterprise Services, Inc. -- Liberty House	RCC: Small Group Home	2/25/2006	2/24/2008	DJJ	10	10	3
Safe Healing House (Clifton)	RCC: Small Group Home	11/17/2006	11/17/2008	DHR	10	10	5
Marlene B Vinson Adolescent Home Of New Beginnings	RCC: Small Group Home	4/1/2007	3/31/2009	DHR	12	3	6
Marlene B Vinson Adolescent Home Of New Beginnings	RCC: Small Group Home	4/1/2007	3/31/2009	DHR	12	12	6
Jane Egenton Home North American Family Institute	RCC: Small Group Home	7/2/2007	7/1/2009	DHR	12	12	4
KHI Services, Inc. Karma Academy for Boys Rockville	RCC: Small Group Home	7/1/2006	6/30/2008	DHMH	13	4	0
KHI Services, Inc. Karma Academy for Boys Rockville	RCC: Small Group Home	7/1/2006	6/30/2008	DHMH	13	4	0
Boys Home Society, Inc.	RCC: Small Group Home	6/1/2006	6/1/2008	DHR	18	12	12
<b>TOTAL FOR SMALL GROUP HOME</b>					<b>882</b>	<b>814</b>	<b>379</b>

**Table 67: DHR Small Group Home Licensed Beds & Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Marlene B Vinson Pregnant Teens & Teen Mother Program	RCC: Teen Mothers Program	3/31/2007	3/31/2009	DHR	4	4	3
Florence Crittenton Services of Baltimore Inc.	RCC: Teen Mothers Program	7/1/2007	6/27/2009	DHR	38	27	20
<b>TOTAL FOR TEEN MOTHERS</b>					<b>42</b>	<b>31</b>	<b>23</b>

**Table 68: DHR Teen Mother Program Licensed Beds and Utilization**

Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Advoserv	Residential Treatment Center	7/1/2006	6/30/2009	DHR	1	1	0
Bennington School	Residential Treatment Center	7/1/2006	7/1/2009	DHR	2	2	1
The Pines	Residential Treatment Center	7/1/2006	7/1/2009	DHR	2	2	0
Kidlink	Residential Treatment Center	7/1/2006	7/1/2009	DHR	1	1	1
Potomac Ridge Behavioral Health Care Anne Arundel RTC	Residential Treatment Center	12/16/2005	12/16/2008	DHMH	26	26	0
Arrow Diagnostic Center RCC	Residential Treatment Center	5/21/2007	5/20/2009	DHR	46	46	34
Berkeley & Eleanor Mann RTC	Residential Treatment Center	1/20/2006	1/20/2009	DHMH	48	48	2
Sheppard Pratt -- The Jefferson School RTC	Residential Treatment Center	1/20/2006	1/20/2009	DHMH	53	53	20
Woodbourne Center RTC	Residential Treatment Center	12/6/2004	12/6/2007	DHMH	54	54	8
Potomac Ridge Behavioral Health Care Eastern Shore RTC	Residential Treatment Center	8/12/2006	9/11/2009	DHMH	59	59	5
Potomac Ridge Behavioral Health Care Rockville RTC	Residential Treatment Center	12/16/2005	12/16/2008	DHMH	88	88	7
Associated Catholic Charities -- Villa Maria RTC	Residential Treatment Center	8/6/2005	8/6/2008	DHMH	95	95	14
Good Shepherd Center RTC	Residential Treatment Center	2/2/2006	2/2/2009	DHMH	105	105	10
<b>TOTAL FOR RESIDENTIAL TREATMENT</b>					<b>580</b>	<b>580</b>	<b>102</b>

**Table 69: DHR Residential Treatment Center Licensed Beds and Utilization**



Provider Name	License Type	License Issue Date	License Expiry Date	Licensing Agency	# Licensed Beds	# Contract Beds	Current Bed Usage-7/31/07
Maple Shade Wetipquin Ranch DHMH	Therapeutic Group Home	1/31/2007	1/31/2009	DHMH	4	4	0
Maple Shade San Domingo Special Care DHMH	Therapeutic Group Home	1/31/2007	1/31/2009	DHMH	4	4	0
Mosaic Mac I DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	6	6	5
Mosaic Mac II DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	6	6	2
GUIDE Oak Lane DHMH	Therapeutic Group Home	6/6/2007	1/31/2009	DHMH	6	8	2
Hearts & Homes Redl House Boys DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	6	8	3
Hearts & Homes Muncaster Mill Boys DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	7	5	4
Childrens Guild Debuskey House DHMH	Therapeutic Group Home	6/6/2007	1/31/2009	DHMH	8	2	1
Childrens Guild Kanner House DHMH	Therapeutic Group Home	6/6/2007	1/31/2009	DHMH	8	3	3
Childrens Guild Harford House DHMH	Therapeutic Group Home	6/6/2007	1/31/2009	DHMH	8	3	1
Mosaic Fordham Cottage DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	8	8	6
Mosaic Dulaney House DHMH TGH	Therapeutic Group Home	1/31/2007	1/31/2009	DHMH	8	8	2
Maple Shade Mardela Special Care DHMH	Therapeutic Group Home	1/31/2007	1/31/2009	DHMH	8	8	1
Adventist Potomac Ridge Cottage At Rockville DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	8	8	14
Adventist Potomac Ridge Cottage At North Potomac DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	8	8	8
Hearts & Homes Marys Mount Manor Girls DHMH TGH	Therapeutic Group Home	6/15/2007	1/31/2009	DHMH	8	8	6
Assoc Catholic Charities St Vincents Child Care Center	Therapeutic Group Home	10/9/2006	10/8/2008	DHR	70	70	60
<b>TOTAL FOR THERAPEUTIC GROUP HOMES</b>					<b>181</b>	<b>167</b>	<b>118</b>

**Table 70: DHR Therapeutic Group Homes Licensed Beds and Utilization**

State Resource Plan: Appendix 4: Provider Information

Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Allegany Co. Lois E. Jackson</u>	Allegany County	DHMH: OHCQ	MF	40	ASAM Level III.7 (American Society of Addiction Medicine)	Profile not available—services are consistent with ASAM Level III.7
<u>Pressley Ridge of Western MD Treatment Foster Care</u>	Allegany County	DHR	MF	105	Private Treatment Foster Care Program	Our program's goal is to help the children alleviate problem behaviors and learn the skills to live within their own families and communities. The TFC program develops and sustains a bond between the child and their own biological families. The program seeks to address problems within the family of origin as well as their children in treatment foster care. Ideally, we seek to reunite the child with his/her family of origin and to help support an intact family. If this is not possible, alternative placements are pursued, such as adoption, a relative's home, or independent living. The Allegany County Girls Group Home provides a safe and healthy home for female youths aging from 13 to 18. While at the group home youths received the following services: drug and alcohol counseling, mental health counseling, FCRC intake, education placement, and physical health evaluation. The youth is involved with many recreation activities such as hiking, swimming, camping, movies, skating, basketball, cooking classes, horseback riding lessons, crafts, youth group through a local church, etc. When a youth is placed at the group home she is automatically a member of the YMCA.
<u>Allegany County Girls Group Home</u>	Allegany County	DJS	F	9	Private Residential Child Care Program	This is a year round residential program and school that provides treatment and accredited academics in an out-of-doors, camp-like setting. Students live in therapeutic groups,
<u>New Dominion School</u>	Allegany County	DJS	M	72	Private Residential Child Care Program	

State Resource Plan: Appendix 4: Provider Information

Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Holy Care group home</u>	Anne Arundel County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>consisting of 10-12 boys, 2 full-time residential counselors and support staff. The program is highly structured providing an atmosphere that is simplified, consistent, optimistic, and nurturing. Treatment and education go hand-in-hand as students develop self-esteem, confidence, self-discipline, and the motivation to succeed academically. Groups build their own structures in which they live plan their weekly schedule of projects and activities and plan extended wilderness trips. Living in the natural environment students experience the rewards and consequences of their actions. This is an Alternative Living Unit (ALU) licensed by DHMH to provide a homelike environment for children/youth between the ages of 10-18 with severe emotional, behavioral and developmental disabilities. Holy Care provides highly structured, well-supervised living arrangement conducive for growth and enhancement of each resident's social, emotional and life skill development. The ALU provides case management, mental health services, social skill training, behavior management, group and individual therapy etc.</p> <p>This is an Alternative Living Unit (1-ALU) licensed by DHMH-DDA to provide a homelike environment for children between the ages of 10-18 who are medically fragile. The ALU offers intensive case management, physical health and mental health services, social skill training, behavioral modification, group and individual therapy. Holy Care Group Homes provides nursing care services on the site, 24-hours per day, 7 days a week.</p>
<u>Holy Care Group Home- Medical Fragile</u>	Anne Arundel County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	

State Resource Plan: Appendix 4: Provider Information

Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Mid Atlantic Human Services Corp</u>	Anne Arundel County	DHMH: DDA	MF	1	Community Residential Program-- Alternative Living Unit (ALU)	Profile not available.  This program is a residential ALU program for children with developmental disabilities. Our overall goal is to provide high quality, family like, individualized services to children in need of residential services. Our interest is to support children with intense medical needs and medical fragility as well as children with behavioral and/or psychiatric issues. We strive to be innovative and flexible as we build a plan that will provide services that best fit each individual child.
<u>The Arc of Anne Arundel County</u>	Anne Arundel County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	This program is a residential ALU program for children with developmental disabilities. Our overall goal is to provide high quality, family like, individualized services to children in need of residential services. Our interest is to support children with intense medical needs, medical fragility as well as children with behavioral and/or psychiatric issues. We strive to be innovative and flexible as we build a plan that will provide services that best fit each individual child.
<u>The Arc of Anne Arundel County</u>	Anne Arundel County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	This program is a residential ALU program for children with developmental disabilities. Our overall goal is to provide high quality, family like, individualized services to children in need of residential services. Our interest is to support children with intense medical needs and medical fragility as well as children with behavioral and/or psychiatric issues. We strive to be innovative and flexible as we build a plan that will provide services that best fit each individual child.
<u>The Arc of Anne Arundel County</u>	Anne Arundel County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	This program is a residential ALU program for children with developmental disabilities. Our overall goal is to provide high quality, family like, individualized services to children in need of residential services. Our interest is to support children with intense medical needs and medical fragility as well as children with behavioral and/or psychiatric issues. We strive to be innovative and flexible as we build a plan that will provide services that best fit each individual child.

State Resource Plan: Appendix 4: Provider Information

Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Bello Machre, Inc.</u>	Anne Arundel County	DHMH: DDA	M	6	Community Residential Program--Group Home (GH) ASAM Level III.7 (American Society of Addiction Medicine)	A long-term, loving home dedicated to caring for individuals with developmental disabilities. To enable individuals to be fully involved in all aspects of community life, numerous resources are available to the individuals and services shall be based upon choice, interest and needs of the individual, as unidentified in Individual Plan. Profile not available—services are consistent with ASAM Level III.7
<u>Anne Arundel Medical Center Pathways</u>	Anne Arundel County	DHMH: OHCQ	MF	16		The Potomac Ridge Cottage at Annapolis offers troubled adolescents a caring, supportive living environment in which they can address their psychological treatment issues while reintegrating into the community. The program offers a behavioral level system for residents to earn privileges and assume higher levels of responsibility commensurate with their developmental progress. The completion of weekly goals is another component of the program that leads to discharge to a less intensive level of care. The target population demonstrates recidivistic histories of acute hospitalizations, residential treatments, and other out-of-home placements, such as Department of Juvenile Justice facilities, in which no positive responses were achieved. They typically exhibit self-injurious behavior, frequent elopements, and aggressive behavior towards peers and those in roles of authority. The program provides intensive staffing levels and on-site psychiatric and full time licensed staff with crisis intervention capabilities.
<u>Potomac Ridge at Anne Arundel Mary's Mount</u>	Anne Arundel County	DHMH: OHCQ	M	26	Residential Treatment Center	
	Anne Arundel	DHMH:	F	8	Therapeutic	A community based therapeutic residential

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Provider Name	Provider Jurisdiction County	Licensing Agency OHCQ	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
					Group Home	program for 8 adolescent females between the ages of 13 and 17. The program provides a structured, therapeutic living environment to teach appropriate self-control strategies, effective relationship-building skills and proper group interaction. In addition, the residents acquire independent living skills such as money mgt and employment skills. The clients are assigned a primary case manager who in conjunction with the Social Worker coordinates treatment goal throughout placement. Each young person participates in initial psychosocial, psychiatric, and art therapy assessments. Individual, group, and family therapy is provided on site. The clients also participate in individual and group art therapy weedkly. A part time psychiatrist provides medication management services weekly.
<u>Adventist Behavioral Health</u>	Anne Arundel County	DHR	M	18	Private Residential Child Care Program	Our primary goal is to facilitate emotional healing and basic education, restorative independent living skills and vocational pursuit. Residents receive life skills training, coping skills and parenting skills. DHOA focuses on the psycho-education of physical and mental disorders and self-esteem building. Residents are also provided substance abuse treatment, therapy, counseling, mentoring, and tutorial services.
<u>Della's House of Angels I</u>	Anne Arundel County	DHR	F	3	Private Residential Child Care Program	Our primary goal is to facilitate emotional healing and basic education, restorative independent living skills and vocational pursuit. Residents will receive life skills training, coping skills, and parenting skills. DHOA will also focus on the psycho-
<u>Della's House of Angels II</u>	Anne Arundel County	DHR	F	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Great Esteem</u>	Anne Arundel County	DHR	F	6	Private Residential Child Care Program	<p>education of physical and mental disorders. Residents will receive crisis intervention, counseling, therapy, mentoring, and tutorial services.</p> <p>Great Esteem will operate as a small group home for adolescent females that have a history of mental health disorders as evidenced by a mental health diagnosis. Females will be at 14 years old at the time of admission and will be younger than age 17. All individuals will be discharged by age 21. The program will operate 24 hours a day with awake staff on at all times. Values at Great Esteem - Respect for the human dignity and individuality of each client served. Cooperation with community providers and referring agencies in assuring a continuum of quality care, which is both responsive and complementary by exceeding the level of care offering in the different group home in the area. Great Esteem is a licensed group care home which will provide structured care for ladies between ages of 14 and 17 years old, emphasizing sharing, caring and interacting with one another. The treatment model at Great Esteem for Children is built upon our abiding belief in the inherent rights and dignity of individuals and families and the sanctity of all human life. As this belief is expressed through an equal emphasis on acceptance and accountability, children and families are able to respond with strength, integrity and hope.</p> <p>Shelter care for acutely and chronically traumatized males and females demonstrating behavioral and emotional disturbance. Sixty day program for youth who can be maintained in an open setting.</p>
<u>Safe Haven Shelter</u>	Anne Arundel County	DHR	MF	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>United States Fellowship Inc./Eastern Point Shelter</u>	Anne Arundel County	DHR	MF	11	Private Residential Child Care Program	<p>Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, transitional education and Level V non-public school, service/discharge planning. Treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, Unit based MSW Social Worker as part of Social Services Department (approved by Mental Health Administration as an Outpatient Mental Health Clinic), Trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>Short term structured shelter dedicated to stabilization, assessment and recommendation for appropriate long-term placement for children and adolescents. A full range of diagnostic services are available including psychiatric evaluations. Special attention is directed toward maintaining our residents in school. Written reports include: Initial Service Plan, Treatment Plan, Comprehensive Psychosocial and Discharge Summary. Individual, group, play and supportive therapies are available on a weekly basis. Family therapy is available upon request. These interventions and life skills training opportunities are implemented for the purpose of enhancing both present and post-discharge functioning. Recreational activities on and off grounds.</p> <p>A long term residential facility for boys who are not successful in foster homes or kinship care or do not wish to be in those settings. Residents attend public schools, procure employment in the community, participate in school and community recreational activity, and have the ability to have unsupervised</p>
<u>United States Fellowship Inc./Eastern Point Group Home</u>	Anne Arundel County	DHR	MF	12	Private Residential Child Care Program	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>YOUTHTOWN USA</u>	Anne Arundel County	DHR	M	4	Private Residential Child Care Program	time away from the facility. Eastern Point Group Home provides case management with residents receiving psychiatric evaluations and specialized therapy (i.e. bereavement counseling) off grounds as needed, with on grounds routine therapy and family therapy as applicable. Educational focus is for every resident to receive a high school diploma with staff dedicated to working closely with school personnel to promote academic success. Residents receive life skills training, are encourage to get their driver's license, obtain employment, establish savings accounts, with the goal of eventually moving on to an Independent Living program and post high school training or educational programs. The objective of the establishment is to provide better quality of life for troubled children or those whom the state has determined unsuitable for their current environment. We specialize in the placement of youth and sibling groups. While the children are under our care we encourage them to participate in educational and recreational activities, cultural events and developmental training and seminars. The staff of the group-home will work alongside each children's case worker to ensure that established goals are set for each child within a specific time period. The group-home also have established programs designed to replace inappropriate attitudes, behaviors and habits that will enable these children return to their normal living as productive citizens of the society. We will address the issues brought the children to our facility.
<u>YOUTHTOWN USA 2</u>	Anne Arundel County	DHR	M	5	Private Residential Child	The objective of the establishment is to provide better quality of life for troubled

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Residential Care, Inc. (Crofton)</u>	Anne Arundel County	DHR	MF	35	Care Program	children or those whom the state has determined unsuitable for their current environment. We specialize in the placement of youth and sibling group. While children are under our care we encourage them to participate in educational and recreational activities, cultural events and developmental training and seminars. The staff of the group-home will work alongside children's case worker to ensure that established goals are set for each child within a specific time period. The group-home also have established programs designed to replace inappropriate attitudes, behaviors and habits that will enable these children return to their normal living as productive citizens of the society. RCI uses a holistic approach that is family-centered and focused on the foster parent, child, and biological family's strengths for empowerment. We provide foster care for children and adolescents with special needs. Most importantly, we are a community-based agency, working with our foster children in their neighborhoods, community centers and schools. Services include case management, psychotherapy, psychiatric services with medication management, tutoring and mentoring, recreational therapy, nutritionists, and educational advocates. Profile not available.
<u>Mid Atlantic Human Services Corp</u>	Baltimore City	DHMH: DDA	MF	2	Private Treatment Foster Care Program	
<u>Franklin Square Hospital Center- Acute Psychiatric-Child</u>	Baltimore City	DHMH: OHCQ	MF	8	Community Residential Program-- Alternative Living Unit (ALU)	
					Acute Psychiatric Hospitalization	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Johns Hopkins Hospital-Acute Psychiatric-Child Regional Institute for Children &amp; Adolescents-Baltimore Woodbourne Center</u>	Baltimore City	DHMH: OHCQ	MF	12	Acute Psychiatric Hospitalization	Profile not available.
	Baltimore City	DHMH: OHCQ	Mf	45	Residential Treatment Center	Profile not available.
	Baltimore City	DHMH: OHCQ	M	54	Residential Treatment Center	Profile not available.
<u>Better You Better Me Incorporated</u>	Baltimore City	DHMH: OHCQ	M	4	Therapeutic Group Home	The philosophy of the BYBM therapeutic group home program is to focus on the individual child and provide appropriate care to restore healthy and responsible citizenship. Our primary objective is to provide residential, clinical, and support services to adolescent males ranges from the ages of 13-18 years. We are small, but an effective facility with a living capacity of 4 adolescents. Genesis Family Home For Youth Therapeutic Group Home is a community based family focused program providing comprehensive services to emotional and behavioral challenged youth and adolescents males, ages 13-16. The program offers long and short term care as needed. The program provides 24 hours per day 7 days per week supervision by residential Childcare Workers, supervised recreational activities, training in daily living skills, anger management, tutoring and expressive art therapy. Therapy services includes individual, group, and family therapy by our full time licensed mental health specialist. Psychiatric evaluations, consultation, and medication management are provided by a licensed child psychiatrist. Trained Staff administers medication including psychotropic medications, and are monitored by our Delegating Nurse. Residents attend
<u>GENESIS FAMILY HOME FOR YOUTH, INC.</u>	Baltimore City	DHMH: OHCQ	M	8	Therapeutic Group Home	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Guide Therapeutic Group Home</u>	Baltimore City	DHMH: OHCQ	M	6	Therapeutic Group Home	public schools or private special education schools according to their educational needs. Community-based therapeutic group home program serving emotionally disturbed males ages 13-18. This is a long term program with average lengths of stay from 9-12 months. Longer stays are possible, when indicated. The program provides 24 hour/7 day a week supervision by residential counselors, case management, supervised recreational activities, training in daily living skills, community service and job placement services. Residents attend public schools or private Level V schools. Therapy services include individual, group and family therapy provided by by Master's level licensed mental health professionals. Psychiatric evaluations, consultation and medication prescription and review are provided by a licensed psychiatrist. Staff monitor residents' self administration of medication, including psychotropic medications.
<u>Our Fortress Homes Inc.</u>	Baltimore City	DHMH: OHCQ	F	6	Therapeutic Group Home	Our Fortress Homes offer a residential therapeutic program for emotionally disturbed and behaviorally challenged males, ages 12-16. Our Fortress Homes offer a residential therapeutic program for emotionally disturbed and behaviorally challenged males, ages 12-16. Children and families are provided access to a variety of diagnostic and therapeutic services that are delivered in the home, in a friendly, personalized family-centered atmosphere. Children enjoy educational and recreational activities as well in a well-structured environment, and daily routines are established to create stability. A multi-disciplinary team of qualified and experienced professionals which includes a psychiatrist,

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>The Children's Guild-Therapeutic Group Homes (Debuskey House)</u>	Baltimore City	DHMH: OHCQ	M	8	Therapeutic Group Home	nurse, social worker, case manager, residential counselors and an appropriate educational representative-plans, evaluates and executes a carefully crafted plan of care, tailored for each individual child. Parents and youth are encouraged to participate in every aspect of the child's care and treatment. We treat the whole person, and our programs have many facets. The touchstone of The Children's Guild's Guild's philosophy is Transformation Education, an organizational philosophy that guides the creation of a culture that transmits the values and life skills necessary for a successful life. It works because it relies on the very same processes that create dysfunctional behavior to acculturate students with a set of values, skills, and beliefs that provide them a hopeful vision of their future. We treat the whole person, and our programs have many facets. The touchstone of The Children's Guild's Guild's philosophy is Transformation Education, an organizational philosophy that guides the creation of a culture that transmits the values and life skills necessary for a successful life. It works because it relies on the very same processes that create dysfunctional behavior to acculturate students with a set of values, skills, and beliefs that provide them a hopeful vision of their future.
<u>The Children's Guild-Therapeutic Group Homes (Harford House)</u>	Baltimore City	DHMH: OHCQ	M	8	Therapeutic Group Home	We treat the whole person, and our programs have many facets. The touchstone of The Children's Guild's Guild's philosophy is Transformation Education, an organizational philosophy that guides the creation of a culture that transmits the values and life skills necessary for a successful life. It works because it relies on the very same processes that create dysfunctional behavior to acculturate students with a set of values, skills, and beliefs that provide them a hopeful vision of their future. We treat the whole person, and our programs have many facets. The touchstone of The Children's Guild's Guild's philosophy is Transformation Education, an organizational philosophy that guides the creation of a culture that transmits the values and life skills necessary for a successful life. It works
<u>The Children's Guild-Therapeutic Group Homes (Kanner House)</u>	Baltimore City	DHMH: OHCQ	M	8	Therapeutic Group Home	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>University of Maryland Medical System-Unit 4G-Child Psychiatry Inpatient</u>	Baltimore City	DHMH: OHCQ	MF		Acute Psychiatric Hospitalization	because it relies on the very same processes that create dysfunctional behavior to acculturate students with a set of values, skills, and beliefs that provide them a hopeful vision of their future.
<u>Independence Plus</u>	Baltimore City	DHR	MF	75	Private Independent Living Program	Independence Plus (IP) is an apartment based independent living program in Baltimore for youth 17 to 21 years old. The most restrictive setting allows the youth to live in an apartment with 24-hour staffing in the same building. The next level allows youth to live in a scattered-site setting within the complex where the staff office is located. The final level of care allows youth to have a lease in their own name and to begin having some financial responsibility for their own care. A client can be seen 6 times per day, and offers a recreational calendar with 3 activities per month. New Pathways hires licensed Case Managers. Clinical treatment for clients is available through community mental health centers that provide treatment services by licensed providers in their community offices or at New Pathways' offices. New Pathways provides educational and vocational supports to its clients through its relationships with public and non-public post-secondary schools, and employs staff with specific knowledge of financial aid that is available to youth in the foster care system. New Pathways accepts clients with a wide range of medical issues as long as the client is and able to take responsibility for managing their

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Jumoke, Inc. Independent Living Program</u>	Baltimore City	DHR	MF	20	Private Independent Living Program	condition with staff support. Staff assists youth in scheduling medical appointments and with transportation. Staff assists in attempts to establish permanent role models if biological family is not available. Jumoke independent Living Program (JILP) is a program geared toward helping youth ages 16-20 get ready for the transition out of the child welfare system. Staff are available 24/7 to provide support and guidance for all clients. Once accepted into the program, residents will work with a Case Manager, life skills Coach, the clinical staff and volunteers to achieve their individual treatment plan goals for success.
<u>King Edwards' Inc. Supportive and Independent Living Program</u>	Baltimore City	DHR	MF	30	Private Independent Living Program	Specializing in supportive and independent living services to youth aging out of the foster care system and who are willing and able to commit to preparing themselves to become successful, productive adults. WIN's Supportive Living Program specializes in meeting the needs of maturing young adults between the ages of 17-21. Youth not yet ready to maintain the performance standards of most programs will be provided with the opportunity to be supported in an apartment life-skills experience. WIN provides services that promote self-sufficiency, life skills development, as well as personal growth and maturity. Self-exploration and responsibility are incorporated in all levels of programming. This empowers the youth to make reasonable life decisions and set realistic goals. Individual social skills are developed to promote employment stability and pro-social interactions in the community. Vocational services include co-operative work programs with local businesses and
<u>WIN FAMILY SERVICES</u>	Baltimore City	DHR	MF	95	Private Independent Living Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Young Adult's Initiative Independent Living Program (YAI)</u>	Baltimore City	DHR	MF	20	Private Independent Living Program	<p>institutions. Our Supportive Living Program aims to support program participants with successfully transitioning from highly intense to moderate levels of care and services to independent living. Our Supportive Living Program is designed to assist youth with maintaining stability in individual treatment processes, positive healthy relationships with their families and community members. Our Supportive Living program assists participants with mastering various social and life skills. In addition, our Supportive Living Program links program participants to appropriate mental and physical health services.</p> <p>The Martin Pollak Project's Young Adult's Initiative Independent Living Program provides community based services to youth ages 16 to 21 who are in the foster care system, returning from RTC's, or involved with DJS. Youth live in one of two program components: a Family Setting or Supported Apartment Living. In a Family Setting a youth lives with a foster parent trained to help the youth further develop skills necessary to live increasingly independently within the community. Our Supported Apartment Living allows youth to share a two bedroom apartment with a peer while working closely with case managers, life skills coordinator and child care workers to maintain and further develop life skills. The program is strength-based and focuses on developing the myriad of life skills that foster self-assurance, employability and a stable support system. Completion of appropriate education and/or vocational training as well as part to full time employment is emphasized. Intervention, communication and healing is based on the</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>A New World Inc.</u>	Baltimore City	DHR	F	6	Private Residential Child Care Program	<p>concepts of Enriched Structural Family Therapy (ESFT) with the youth as an integral member of the team. An ongoing support system is built as the youth moves toward the goal of independence. Wrap around services include: 1:1 and small group advocacy and life skills training, daily apartment monitoring, weekly Teen Empowerment Group, 24/7 crisis intervention and linkage to medical, mental health, vocational, educational, and recreational services in the community. The programs primary focus is to serve adolescent females from 13-17 years of age who are emotionally and behaviorally disturbed by providing a structured living environment, therapy and life skills training and 24 hour supervision.</p> <p>Akoma is a comprehensive residential group home program for adolescent males range in age 14 to 17 years old. Akoma utilizes a holistic model to provide comprehensive services to behaviorally disordered youth. Akoma Home provides a number of important services on-site. These include case management, individual and group therapy, and life skills development training. The Akoma comprehensive model offers two levels of services: Specialized Population Level which is a comprehensive range of therapeutic and life skills services and an Intensive Population Level which offers a Rites of Passage program and individual counseling in addition to the comprehensive services of the specialized population level.</p> <p>Aries Residential Services is a community-based residential program that provides support services to adolescent males with behavioral, emotional, and mental health</p>
<u>Akoma Home</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	
<u>Aries Residential Services</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>AT&amp;T Counseling Consultants and Youth and Family Services, Inc.</u>	Baltimore City	DHR	M	11	Private Residential Child Care Program	<p>difficulties. The program employs highly trained child-care workers, who administer the daily milieu. The program uses an outcome based approach that focuses on essential life skills, employment readiness, and job retention and treatment goal accomplishment. Clients are required to attend school, participate in structured recreational programs, attend individual and group therapy and engage in pro-social behaviors.</p> <p>AT&amp;T Youth &amp; Family Services operates as a residential group home facility providing 24 hour, ongoing services to young males between the ages of 14-18 years old who are in need of temporary or long term placement in a structured well supervised environment. We offer individualized case management services, individualized/group counseling and recreational services designed to enlighten and enhance the youth's social skills. The individualized treatment services are provided by a social worker, and assisted by case managers, and child care advocates/counselors providing health, educational and other services designed to meet the special needs of each client. There are psychiatrist and psychologists available on an as-need basis and ongoing services to provide medical needs. Each youth receives guidance in developing life skills such as cooking, cleaning, job search, budgeting and access to public transportation, as well as taking advantage of the neighborhood services and amenities available to them. A long-term, loving home dedicated to caring for foster children throughout their childhood and teenage years. A major emphasis is placed on education and a team of qualified</p>
<u>Aunt Hattie's Place</u>	Baltimore City	DHR	M	12	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Bert's Place</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	<p>staff train the youth in important values and moral principles necessary their daily lives. Each child's service plan is uniquely designed around a Total Individualized Living Educational (T.I.L.E.) Plan. The program's wrap-around and holistic approach will integrate the home, the school, the community and corporate partners, as well as clinical and recreational components. Thus, the "Whole Village" concept will be emphasized throughout.</p> <p>Bert's Place an Independent Living Preparatory Home for Boys provides services to adolescent males living in long term foster care between the ages of 15 through 18 years of age. Specifically, we provide Clinical and Educational Support and Vocational, life skills, and computer literacy training Training. Participants will have the opportunity to learn, develop and practice independent life skills in a safe, supportive and nurturing environment. Boys Home Society of Baltimore, Inc., is a residential facility for boys ages 8 through 13. We provide services to dependent boys who for a variety of reasons have inadequate or no natural family resources. Some of these boys have been physically or emotionally abused, neglected, or have no parents to care for them. Our services include supervised group living, recreation, tutoring, casework and psychological consultation. Our ultimate goal is to prepare these boys to return to their families or alternative family system, i.e., (foster homes) equipped with reinforcement of positive self-image, self-esteem and better coping mechanisms.</p> <p>Boys Home Society of Baltimore, Inc., is a residential facility for boys ages 8 through 13.</p>
<u>Boys Home Society of Baltimore, Inc. - Long Term</u>	Baltimore City	DHR	M	12	Private Residential Child Care Program	
<u>Boys Home Society of</u>	Baltimore City	DHR	M	6	Private Residential Child	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Baltimore, Inc. - Shelter</u>					Care Program	<p>We provide services to dependent boys who for a variety of reasons have inadequate or no natural family resources. Some of these boys have been physically or emotionally abused, neglected, or have no parents to care for them. Our services include supervised group living, recreation, tutoring, casework and psychological consultation. Our ultimate goal is to prepare these boys to return to their families or alternative family system, i.e., (foster homes) equipped with reinforcement of positive self-image, self-esteem and better coping mechanisms.</p> <p>A warm and nurturing Baltimore City community home setting for at risk males ages 15-19 years old. The focus is on emotionally disturbed and behaviorally challenged youths. Services provided include basic daily care, recreation, social work, mental and general medical health care needs follow-up and other services specific to the individual resident needs. Our goal to to prepare the youths for transition back to their families or into another age appropriate non-family home setting</p>
<u>Care With Class, Inc.</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	<p>Changing Lives At Home, Inc. is a 501 (c) 3 non-profit residential program providing a compassionate and nurturing home like environment for adolescent females, ages 14 to 18, striving to overcome emotional, behavioral and/or mental challenges which have prohibited them from realizing their potential. Care and Supervision: Medium Clinical: Medium Educational: Low Health and Medical: Low Family Support: Medium Chara House is a community based, transitional home for medically fragile infants and toddlers from birth through three years of</p>
<u>Changing Lives At Home, Ince</u>	Baltimore City	DHR	F	5	Private Residential Child Care Program	
<u>Chara House</u>	Baltimore City	DHR	MF	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>CHEO Group Home for Boys III</u>	Baltimore City	DHR	F	12	Private Residential Child Care Program	<p>age, including those who are at risk for or who have prenatal drug and alcohol exposure, HIV/AIDS, and other medical and psychological challenges. Chara House is located in Baltimore City and provides an array of services including: clinical and health assessments; case management; 24-hour care and supervision; medication administration; transportation to medical appointments; family visitation, support, and education; home visitation; and after-care support for families.</p> <p>A community-based residential program that provides support services to adolescent males with behavioral, emotional, and mental health difficulties. The program employs highly trained child-care workers who administer the daily milieu. The program uses an outcome based approach that focuses on essential life skills, employment readiness, job retention and treatment goal accomplishment. Clients enrolled in the program are required to attend school, participate in structured recreational programs, attend individual and group therapy and engage in pro-social behaviors.</p>
<u>Compassion, Inc</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	<p>Compassion, Inc provides, mental/behavioral health services in a community based treatment environment for male adolescents, ages 14-17. The program provides: *individual and group therapy *Family therapy *Structured recreational activities *Independent life skills training *Access to vocational opportunities *Anger Management and conflict resolutions groups *Access to educational opportunities *24 hour support and supervision</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Daisyfields Foundation, Inc</u>	Baltimore City	DHR	MF	4	Private Residential Child Care Program	<p>The Daisyfields Foundation provides services to drug affected infants, ages 0 to 2. These babies have been either prenatally substance abused, environmentally impacted by drug abuse, or both. A comprehensive range of intervention services, both on and off premises are offered in an effort to facilitate stabilization of the newborn, as well as rehabilitate the older infant. The goals of the program are to decrease the effects of substance abuse, to promote development of age-appropriate skills and abilities, ensure emotional stability and strive for permanent placement in an optimum environment encouraging reunification with the family whenever it is in the best interest of the child to do so. An effective ration for optimal care (2 babies to each caregiver) is fortified by the professional staff of LPN's, RN, MSW and administrative support for the immediate needs of the medically fragile, sub acute served by the program.</p> <p>The Daisyfields Foundation provides services to drug affected infants, ages 0 to 2. These babies have been either prenatally substance abused, environmentally impacted by drug abuse, or both. A comprehensive range of intervention services, both on and off premises are offered in an effort to facilitate stabilization of the newborn, as well as rehabilitate the older infant. The goals of the program are to decrease the effects of substance abuse, to promote development of age-appropriate skills and abilities, ensure emotional stability and strive for permanent placement in an optimum environment encouraging reunification with the family whenever it is in the best interest of the child</p>
<u>Daisyfields Foundation, Inc.</u>	Baltimore City	DHR	MF	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Day-By-Day Residential Services, Inc.</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	<p>to do so. An effective ration for optimal care (2 babies to each caregiver) is fortified by the professional staff of LPN's, RN, MSW and administrative support for the immediate needs of the medically fragile, sub acute served by the program.</p> <p>Day by Day Residential Services is a community residential program that provides services to male adolescents age 13-17. Day by Day residential is designed to provide individuals with positive life altering skills and competencies. We seek to accomplish this by providing Skill Development, Educational Support, Cultural Awareness, Emotional Intelligence and Community Intergration. Cosistent with COMAR regulations; all individuals will have an Individual Plan which is the driving force for treatment services and interventions. Placement workers are a welcomed part of the treatment process with written and oral reports provided on an ongoing basis.</p> <p>Devine Intervention provides services in a least restrictive environment with a special emphasis on family reunification. We use a behavior modification system for data collection and evaluation. All clients new to the program receive orientation which will include a detailed set of rules and program guidelines. Clients sleep two to a room and have equal access to all facility amenities. The program is structured so that each client receives the training and support to develop life skills for a successful reintegration into the community. We facilitate essential life skills programs by providing our staff will specific and ongoing training.</p>
<u>Devine Intervention</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Elaine E. Lee Sibling Home I</u>	Baltimore City	DHR	MF	5	Private Residential Child Care Program	To keep siblings together in an atmosphere where the children will be empowered, learn to love, trust and form a lasting bond that are essential for healthy family development. Also provide holistic services to assist with reunification if approved by the DSS. Provides long term care for sibling groups ages 15 to 18. Provides individual care with life skills training being taught along with self esteem building, holistic services, developing and challenging tomorrow leaders.
<u>Elaine E. Lee Sibling Home II</u>	Baltimore City	DHR	MF	5	Private Residential Child Care Program	Residential group home that provides services to 38 adolescent females, ages 13-20; non-pregnant & pregnant girls. Serving girls with issues of truancy, child maltreatment, loss/abandonment and conflicts with family. In addition, girls exhibiting chronic behavioral problems. Independent living and social skills, job skills, and pregnancy prevention are stressed. Access to prenatal care, child development & childbirth instruction provided to the pregnant teens. All girls are offered individual, group and family therapy on grounds based on their treatment plan. Psychiatric consultation and substance abuse assessment are provided. Health education is provided by nurses and social workers. Recreation, leisure, nutrition and physical fitness is provided in a structured environment. Opportunities are provided to visit with families, child/children not placed with them as well as the father of the child/children. Provision of an on ground school that provides regular educational services for grades 7 - 11 and GED preparation. Girls who are in special education or other grades attend school/college off grounds. Opportunities are
<u>Florence Crittenton Services of Baltimore, Inc. - General Treatment</u>	Baltimore City	DHR	F	38	Private Residential Child Care Program	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Florence Crittenton Services of Baltimore Teen Parenting/Mother Infant Program</u>	Baltimore City	DHR	F	15	Private Residential Child Care Program	provided for girls to seek employment off grounds. Established in 1896.  Residential group home that provides services to 38 adolescent females, ages 13-20, of which 15 beds are designated for teen mothers and their child/children. Medical appointments for mother and child are monitored and all girls are offered individual, family and group therapy based on their treatment plan. Parenting classes are offered. The program serves mothers with issues of parenting, truancy, child maltreatment, loss/abandonment and conflicts with family. In addition, girls exhibiting chronic behavioral problems. Independent living and social skills, job skills, and delay of subsequent pregnancies are stressed. Psychiatric consultation and substance abuse assessment are provided. Health education is provided by nurses and social workers. Recreation, leisure, nutrition and physical fitness are provided in a structured environment. Opportunities are provided to visit with families as well as the father of the child/children. Provision of an on ground school that provides regular educational services for grades 7 - 11 and GED preparation. Girls who are in special education or other grades attend school/college off grounds. The children of the mothers are taken care of while mothers are in school or working.
<u>Franklin Homes, Inc.</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Growing Together II</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	<p>Program designed to build high self-esteem in the lives of pre-adolescent girls 10 to 13 years old. The girls will be assisted by staff in their personal growth and development from girlhood to adolescence and teach the essence and genuine characteristics of true womanhood.</p> <p>A 24-hour group home providing residential and therapeutic services for at-risk males in a structured, nurturing and homelike environment. Individualized and multifaceted services are developed that include residential services, clinical assessments, therapeutic intervention, educational placement/tutoring, parental and family counseling and a full range of recreational and cultural activities.</p>
<u>Gwynn Oak House</u>	Baltimore City	DHR	M	8	Private Residential Child Care Program	<p>Harris House is an emergency shelter program that can house up to nine adolescent males for up to 60 days. Youth served include foster care/protective services involved youth, self-referred homeless and/or runaway youth, and parent and community referred youth for respite care/time out. Services include case management; individual, group and family counseling, crisis intervention, educational, recreational and cultural activities; community service opportunities for youth; aftercare and linkages with other community resources for youth and families. Family contact is encouraged for exploring opportunities for reunification when possible. Utilizing a strength-based approach, we identify youth strengths and assets and link them to positive roles/relationships within their communities.</p>
<u>Harris House</u>	Baltimore City	DHR	M	9	Private Residential Child Care Program	<p>Her Place Inc., accepts females between the age of 12-15 who has experience failures at home and in school. We provide an array of</p>
<u>Her Place</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Inclusive Residential Services, Inc.</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	<p>services geared to meeting the needs of at risk females.</p> <p>Inclusive Residential Services is a community based program committed to providing quality services to emotionally disturbed and behavioral disordered adolescent males from ages 13-17. Inclusive Residential Services strive to provide these services in the least restrictive environment that is conducive to enhancing the quality of life of those we serve</p> <p>Inspiring Minds Inc. is a small group home for four girls ages 12 through 16. We are located in the lower Edmondson Village area. Our program is centered on the development of the young ladies in four main area, i.e spirituality, physical and emotional, and academic and cultural development. A spiritual assessment is done during admission to assess, and is further used to help in the development of the ladies spiritual growth. The program schedules and transports the ladies to their physicals, gynecological, dental and any other medical appointment(s) that are referred by the physician to maintain their well being. The program has a license social worker who conducts individual and group therapy weekly, to address the ladies emotional needs. The program has referred some ladies for additional therapy, psychiatric evaluation and medication monitoring services to local mental health facilities in the community when needed. The program takes the initiative in assisting the local department of social services with school enrollments. We have daily interaction with the school concerning the ladies attendance and conduct. We assist with homework, and we encourage after school coach classes. We</p>
<u>Inspiring Minds Inc.</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Jane Egenton House</u>	Baltimore City	DHR	F	12	Private Residential Child Care Program	<p>take pride in reading and we also encourage frequent visits to the library. We attend cultural activities locally, and in the surrounding counties to enhance the ladies social skills, increase their perception of the world, and to further teach and develop their sense of self.</p> <p>Jane Egenton House is a small residential group home for adolescent girls in need of placement due to abandonment, or as a result of being designated in need of supervision. Girls accepted into the program live in a home-like environment designed to meet their emotional, education, health, cultural, recreational and developmental needs. Residents must be between the ages of 13 and 18 years old and be able to operate with some level of independence within the community. Family and interagency involvement (where appropriate) is encouraged as part of the service plan. Provide holistic services for children age 5 to 12 years old. Provide services that will empower them in life skill training, building self-esteem, teach leadership training and assist them in exploring their talent as well as reaching their full potential academically.</p>
<u>Jentry E. McDonald, Sr. Group Home</u>	Baltimore City	DHR	MF	15	Private Residential Child Care Program	<p>The primary population this program will serve are severely emotionally disturbed youth, and youth at risk of court adjudication, detention, and/or endangering the community. The intake coordinator of the program will consider providing service to adjudicated youth based on the clinical services program will provide, ie group and individual therapy. The GHS is a community based living environment that specializes in assisting youth with developing the skills necessary to become independent</p>
<u>Jumoke Group Home</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	<p>specializes in assisting youth with developing the skills necessary to become independent</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Jumoke, Inc.</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	adults and productive citizens. This treatment plan derives from an assessment of the competencies and skills of youth rather than a pathology-based assessment. The primary population this program will serve are severely emotionally disturbed youth, and youth at risk of court adjudication, detention, and/or endangering the community. The in-take coordinator of the program will consider providing service to adjudicated youth based on the clinical services program will provide, ie group and individual therapy. The GHS is a community based living environment that specializes in assisting youth with developing the skills necessary to become independent adults and productive citizens. This treatment plan derives from an assessment of the competencies and skills of youth rather than a pathology-based assessment. The primary population this program will serve are severely emotionally disturbed youth, and youth at risk of court adjudication, detention, and/or endangering the community. The in-take coordinator of the program will consider providing service to adjudicated youth based on the clinical services program will provide, ie group and individual therapy. The GHS is a community based living environment that specializes in assisting youth with developing the skills necessary to become independent adults and productive citizens. This treatment plan derives from an assessment of the competencies and skills of youth rather than a pathology-based assessment.
<u>Jumoke, Inc.</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	adults and productive citizens. This treatment plan derives from an assessment of the competencies and skills of youth rather than a pathology-based assessment. OFFSPRINGS is a theraputic residential group home for girls 12-17 years of age. It is located in a quiet neighborhood, and all of our girls attend either Forest Park High School or
<u>Lacey Brown Home</u>	Baltimore City	DHR	F	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Lazarus House, INC</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	<p>Garrison Middle School. We fully endorse strategies that offer a stable, safe and healthy environment. We have a very caring and supportive staff. The girls are exposed to various cultural events in and around the Baltimore area.</p> <p>Lazarus House provides a safe and therapeutic environment for males ages 13 to 17. Individuals enrolled in the program have mental health disorders and demonstrate a need for 24 hour supervision in a structured setting. Our agency provides services in a least restrictive environment with a focus on family reunification. A behavior modification program is used to deter anti-social behavior and program assessment. New clients receive a thorough program orientation which will include house rules and program guidelines. All clients have equal access to all facility amenities. The staff receives on going training in order to prepare the clients in the areas of life skills, appropriate social behaviors, vocational education, and peer relationships and interactions. A licensed social worker provides individual and group therapy weekly. Our goal is to prepare our clients to be productive members of society.</p> <p>GROUP HOME SMALL. WE ARE A COMMUNITY RESIDENTIAL LIVING ARRANGEMENT FOR CHILDREN BETWEEN THE AGES OF ELEVEN AND FIFTEEN. WE PROVIDE SOCIAL WORK SERVICES, COUNSELING FAMILY AND INDIVIDUAL. WE TRAIN THESE YOUTH TO ACQUIRE BASIC LIVE SKILLS TO HELP THEM FOR A FUTURE INDEPENDENT LIFE. WE ALSO PROVIDE RECREATIONAL ACTIVITIES, JOB PREPARATIONS AND</p>
<u>MARTHA'S PLACE.</u>	Baltimore City	DHR	M	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>MARTHA'S PLACE.</u>	Baltimore City	DHR	M	8	Private Residential Child Care Program	TRANSPORTATION.  We are a community residential living arrangements for children between the ages of Eleven and fifteen. We provide social work services, Counseling, family, individual and group. We train these youth to be self sufficient by acquiring basic live skills that they need to live as an upright and responsible adult. We also provide many different types of recreational activities, job training/ preparation and transportation. Profile not available
<u>Maryland School for Blind</u>	Baltimore City	DHR	MF	200	Private Residential Child Care Program	
<u>McJoy's Joy Covenant</u>	Baltimore City	DHR	M	8	Private Residential Child Care Program	The McJoy's Joy Covenant is a community-based residential program that provides support services to adolescent males with behavioral, emotional, and mental health difficulties. The program employs highly trained child-care workers, who administer the daily milieu. The program uses an outcome based approach that focuses on essential life skills, employment readiness, and job retention and treatment goal accomplishment. Clients enrolled in the program are required to attend school, participate in structured recreational programs, attend individual and group therapy and engage in pro-social behaviors.
<u>Mom-Mom's Place, Inc</u>	Baltimore City	DHR	F	6	Private Residential Child Care Program	Residential Group Home for children from ages 13 to 17 years.
<u>Mumsey's Residential Care, Inc.</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	Program is designed to equip youth with the necessary social education and in some instances, employability skills that are needed for their respective placements. The primary purpose of the evaluation will be to access

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	<p>each resident to determine his needs in reference to his future.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family</p>
<u>National Center on Institutions and Alternatives</u> <u>iii</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u> y	Baltimore City	DHR	M	4	Private Residential Child Care Program	<p>therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u> <u>vi</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time. The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.
<u>National center on institutions and alternatives</u> <u>vii</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u> <u>xi</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	<p>including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Oblate Sisters of Providence</u>	Baltimore City	DHR	F	24	Private Residential Child Care Program	<p>permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The Mary Elizabeth Lange center Inc., is a non-profit group home built in 1998 in east Baltimore for the service of abused, neglected and/or abandoned females between the ages of 8-15years. These females are either victims of violence or have been abused physically, sexually or emotionally. Peggy's Place is an emergency shelter program that can house up to 10 adolescent females for up to 60 days. Youth served include foster care/protective services involved youth, self-referred homeless and/or runaway youth, and parent and community referred youth for respite care/time out. Services include case management; individual, group and family counseling, crisis intervention, educational, recreational and cultural activities; community service opportunities for youth; aftercare and linkages with other community resources for youth and families. Family contact is encouraged for exploring opportunities for reunification when possible. Utilizing a strength-based approach, we identify youth strengths and assets and link them to positive roles/relationships within their communities.</p>
<u>Peggy's Place</u>	Baltimore City	DHR	F	10	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide</p>
<u>Place for Children ii</u>	Baltimore City	DHR	MF	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Place for children iii</u>	Baltimore City	DHR	MF	4	Private Residential Child Care Program	<p>follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children iv</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children ix</u>	Baltimore City	DHR	MF	3	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children v</u>	Baltimore City	DHR	M	3	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Place for children vi</u>	Baltimore City	DHR	M	3	Private Residential Child Care Program	<p>medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children vii</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p> <p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children viii</u>	Baltimore City	DHR	F	3	Private Residential Child Care Program	<p>Children served are those children who are abused, neglected or abandoned. Children are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting.</p>
<u>Place for children x</u>	Baltimore City	DHR	F	3	Private Residential Child	<p>Children served are those children who are abused, neglected or abandoned. Children</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
					Care Program	are referred to age appropriate educational programs in the community. Children who are medically fragile including HIV/Aids are the agency specialty. Case managers provide follow along services completing referrals for evaluations and treatment. Goals and objectives are developed during the quarterly ISPmeeting. Provide a holistic approach that reunites youth with their families or prepares them for independent living. This approach includes individual and substance counseling, medication management, violence prevention, and anger management education. Each youth is given the opportunity to attend school, work toward their GED, receive vocational training or secure employment.
<u>Premiere House</u>	Baltimore City	DHR	M	8	Private Residential Child Care Program	Youth's families participate in family therapy. Public transportation assessable. Cognitive-Behavioral Therapy (CBT) or Behavior Management, an evidenced based approach that is integrated into all program activities. Partnership with Local School System. Youth Accountability; RSY's Nonnative Approach, based upon extensive research that is key to building a treatment milieu and culture. All of these components are fully integrated into a treatment philosophy that is based upon the principles of altering a youth's delinquent behavior, while providing opportunities for each youth to realize his potential for growth, development and success, in preparation for return to his community as a responsible citizen. Upon admission of the youth to GROUP HOME, and the subsequent period of stabilization and assessment, RSY will work closely in conjunction with the youth's Social Worker to
<u>Reformation Group Home</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Rolling Vista Place Group Home</u>	Baltimore City	DHR	F	8	Private Residential Child Care Program	<p>assess the child's family structure and strengths. During a youth's tenure, RSY will seek to identify and establish close contact with extended family members and also individuals who have provided positive support to the youth while in his community, as well as linkages to community resources within his jurisdiction, to establish a family and community reintegration plan. RSY will provide the following services to youth and families: Assistance to the youth and family to understand the goals and effects of out of home placement through incorporation of the youth and family in care planning for the youth's future; Assistance to the youth and family in building positive relationships. Rolling Vista Place is a therapeutic group home that provides housing for girls between the age of 13-17. The maximum capacity of the facility is 8 girls. At Rolling Vista, we operate in a very structured environment with planned activities and weekly groups. We also have a social worker within our facility that meet with the girls one on one to address any concerns they may be experiencing. The social worker also conducts groups to discuss topics of importance.</p> <p>Safe Healing Inc, has historically worked with youth (14-21) who are behaviorally, cognitively and psychologically challenged. Youth are helped to resolve childhood traumas, parent/child conflicts, overcome educational obstacles, learn to manage their behavior and prepare for their eventual transition to young adulthood. Services include individual, group and family therapy, psychiatric care, medication management, educational placement and support, and</p>
<u>Safe Healing House</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Sarah's House 1</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	<p>counseling. Youth are taught violence prevention strategies through participation in our Street soldiers Violence Prevention Program. Youth are taught life skills, assisted with developing job readiness skills, conducting job searches and finding employment. Strong African-based values are taught including, self-respect, respect for others, team work, spirituality, self-confidence, and strong family and community ties. Recreational services include basketball and softball leagues, basketball clinic, field trips, summer camp, and culturally appropriate activities.</p> <p>Sarah's House Inc. is a small group home for teens who, for many different reasons, have not had the benefit of parental role models in preparation for life as an independent young adult. The overall mission of Sarah's House Inc. is to provide support through counseling, vocational, and life skills training in a safe and nurturing environment. It is the goal of Sarah's House, Inc., through its programming, to build esteem, confidence, self reliance, and self control, within the young adults under its care. We view education as a key component to opportunity. Residents are encouraged to get involved in school beyond the classroom, as well as, looking past high school and preparing for post-secondary education. For those not quite ready for college, Sarah's House, Inc. assists in the development of employment skills and provides opportunities for vocational training. These services are based upon the individual resident's needs, also taking into account his interests and desires. From there, we assist in establishing goals that project beyond the resident's time</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS) in the program.
<u>Sarah's House II</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	<p>Sarah's House II has a multifaceted approach to the treatment needs and maturation process for the older adolescent, between the ages of 18 to 21 that are currently being served in the Social Services systems. The primary goal of the program is to support, educate and guide these young adults towards successful independent living and full reintegration into the community. A variety of resources both internal and community based are assessed in a holistic approach to meet the needs of the young adult's treatment plan and personal goals. The incorporation of local community support is key to the long-term success of the individual once placed into the community.</p> <p>Second Generations provides a structured apartment-based independent living program for pregnant and parenting teens, between the ages of 16 and 21, with 24-hour on site supervision by trained life-skills counselors. Case Management services are provided by licensed Social Workers. Mental Health Treatment Services are available both on and off-site provided by a licensed community based provider. Educational Services are provided off site, and the agency provides linkages with both private and public educational programs. Parenting training, life skills classes, vocational services and job readiness programming are provided within the program. Community based daycare services are included as a part of the program as well to allow mothers to work and attend school. Liaisons are made with community medical and dental providers for all medical</p>
<u>Second Generations</u>	Baltimore City	DHR	F	12	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Self Pride</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	needs, including pre-natal services. Biological family, including fathers, is encouraged to participate in the life of the mother and child. Efforts are made to encourage the development of mentors to provide positive role modeling in the absence of biological family to serve that role for the client. Prior to turning 21, clients have the opportunity to establish their own residence in the community, with their own name on the lease and to begin taking some financial responsibility for their own care, such that when they turn 21 they are more prepared to be able to handle these responsibilities. Our residential youth home is designed for five males between the ages of 15 and 18. Our home is located in the northeast corridor of Baltimore city. The home is located in a quiet residential neighbor. The Towson Respite Program serves 34 emotionally disturbed male and female adolescents between the ages of 12 to 21 who have a DSM IV diagnosis. The program was developed to allow adolescents to move quickly and safely from a hospital setting to a less restrictive and costly level of care.
<u>Sheppard Pratt Respite</u>	Baltimore City	DHR	MF	34	Private Residential Child Care Program	Residents attend special education classes within the program. This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.
<u>Starflight v</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	Oppositional/defiant disorder, conduct

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Starrs Group Home</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	<p>disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>Starrs Group Home provides comprehensive twenty-four hour a day, residential care for male youth in foster care. These youth are between the ages of 13-17 years of age. This non-profit organization's mission is to empower male adolescents in foster care by providing services that will encourage the development of the "whole" child.</p>
<u>T.I.M.E. Organization</u>	Baltimore City	DHR	M	4	Private Residential Child Care Program	<p>TIME Organization, Inc. is a local, non-profit provider, offering residential child care services to adolescent males, ages 14 -18 years. Located in Southwest Baltimore City, we operate a traditional group home for young</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Transformations, Inc.</u>	Baltimore City	DHR	M	10	Private Residential Child Care Program	<p>boys who require out-of-home placement due to abuse or neglect; and require a structured, well supervised environment that is nurturing and supportive. In addition to high quality care and supervision, we provide our residences with dedicated support to assist them in meeting treatment, educational, transitional, and reunification goals.</p> <p>Transformations is a residential group home for 10 males, ages 14-18, that provides therapeutically-based services. This facility is located in the Southwestern district (Walbrook) of Baltimore City. Transformations will provide a residential setting for youth in need of out-of-home placement.</p> <p>TuTTie's Place is a residential group home program for adolescent males in the foster care and juvenile service systems. TuTTie's Place provides 24-hour supervision, structured therapeutic, educational, and recreational programs. TuTTie's place provides on-site casemanagement, social work and tutorial services. Our home is located in the Howard Park section of Baltimore City, and we take advantage of the many amenities the neighborhood offers. Our children attend the local schools, churches, parks, recreation centers, etc. Our Building Blocks program consist of Art Therapy, YOGA, live talk-radio, African Drumming, computer and tutorial labs. Our residents compete in organized sports and are members of the IAA, an association of group homes and alternative schools competing in basketball, softball, and flag football.</p> <p>TuTTie's Place is a residential group home program for adolescent males in the foster care and juvenile service systems. TuTTie's</p>
<u>TuTTie's Place 4</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	
<u>TuTTie's Place1</u>	Baltimore City	DHR	M	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Tuttie's Place2</u>	Baltimore City	DHR	M	9	Private Residential Child Care Program	<p>Place provides 24 hour supervision, structured therapeutic, educational, and recreational programs. TuTTie's Place provides on-site casemanagement, social work and tutorial services. Our home is nestled in the forest Park Community and we take advantage of the many assets and amenities the neighborhood offers. Our children attend the local schools, churches, parks, recreation centers, etc.</p> <p>TuTTie's Place is a residential group home program for adolescent males in the foster and juvenile service systems. TuTTie's Place provides 24-hour supervision, structured therapeutic, educational, and recreational programs. TuTTie's Place provides on-site case management, social work, and tutorial services. Our home is located in the Howard Park section of Baltimore City and we take advantage of the many assets and amenities the neighborhood offers. Our children attend the local schools, churches, parks, recreation centers, etc. our "Building Blocks" programming include: Art therapy, YOGA, Live Talk Radio, African Drumming, and computer literacy.</p> <p>TuTTie's Place is a residential group home program for adolescent males in the foster care and juvenile service systems. TuTTie's Place provides 24 hour supervision, structured therapeutic, educational, and recreational programs. TuTTie's Place provides on-site case management, social work, and tutorial services. Our home is located in the Howard Park section of Baltimore City and we take advantage of all the assets and amenities the neighborhood has to offer. Our children attend the local</p>
<u>Tuttie's Place3</u>	Baltimore City	DHR	M	5	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>W.E. Youth Services</u>	Baltimore City	DHR	F	5	Private Residential Child Care Program	schools, churches, parks, recreation centers, etc. Our "Building Blocks" programming include: Art Therapy, YOGA, live Talk Radio, African Drumming, and computer literacy. Residential group home for Females ages 13 to 16 Moderate Intensity
<u>Woodbourne Bridges</u>	Baltimore City	DHR	MF	13	Private Residential Child Care Program	Woodbourne is one of the five oldest child welfare organizations in the United States, serving children since 1798. The Bridges program is a 13-bed residential shelter and respite center that utilizes an evidence-based 90-day program designed to offer structure and stabilization for youth in crisis. Bridges provides case management services and an evaluation of the client's support system as well as what the client will need to be successful once discharged, all within a safe, structured and supportive environment which is critical for a client in crisis. Bridges is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Woodbourne is one of the five oldest child welfare organizations in the United States, serving children since 1798. The Children's Diagnostic Treatment Center is a 50-bed residential program utilizing evidence-based practices to provide diagnostic and stabilization services to children ages 8-16 who have demonstrated serious emotional and behavior problems. This 90-day program provides assessment, placement recommendations and stabilization in a highly structured therapeutic environment. Additional services include educational tutoring; transportation to Baltimore City schools; family support services; recreational services; individual, group and family therapy;
<u>Woodbourne Children's Diagnostic Treatment Center</u>	Baltimore City	DHR	MF	50	Private Residential Child Care Program	Woodbourne is one of the five oldest child welfare organizations in the United States, serving children since 1798. The Children's Diagnostic Treatment Center is a 50-bed residential program utilizing evidence-based practices to provide diagnostic and stabilization services to children ages 8-16 who have demonstrated serious emotional and behavior problems. This 90-day program provides assessment, placement recommendations and stabilization in a highly structured therapeutic environment. Additional services include educational tutoring; transportation to Baltimore City schools; family support services; recreational services; individual, group and family therapy;

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Youth Progressive Network, Inc.</u>	Baltimore City	DHR	F	4	Private Residential Child Care Program	psychiatric services; psychological consultation; medical/nursing services and medication monitoring. CDTC is an Impact Partner Agency with United Way of Central Maryland and is accredited by the Joint Commission on Accreditation of Healthcare Organizations.
<u>Baltimore Adolescent Treatment and Guidance Organization, Inc.</u>	Baltimore City	DHR	MF	60	Private Treatment Foster Care Program	Youth Progressive Network is committed to help youth and families to discover the power the individual's inherent right and corresponding responsibility to make choices that will result in positive outcomes. We will foster the safety, comfort, and healthy development of children and youth with emotional, behavioral and relational problems within a caring home like environment. Our clients shall learn to apply that power to daily living situations-personal and social-to achieve stability that comes from consistently making the right choices and doing right by others. In this way each resident will achieve readiness for reunification with family, placement in a foster family home or transition to an alternative living situation (i.e. independent living preparation program). Batgo, Inc. is a Treatment Foster Care Program which serves youth, ages 14 to 20 years old, who meet the criteria as outlined in COMAR.
<u>Casey Family Services, Baltimore Division's Parent and Child Foster Care</u>	Baltimore City	DHR	MF	12	Private Treatment Foster Care Program	Casey Family Services Parent and Child Foster Care Program will provide supportive services to a young parent and their child in a licensed foster care home. The overall purpose of the program is to keep the teen parent who is in foster care because of issues of abuse, neglect or maltreatment, united with their child



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Center for Family Services, HOPE Program</u>	Baltimore City	DHR	MF	14	Private Treatment Foster Care Program	Center for Family Services' HOPE Program provides comprehensive case management and service coordination for 14 medically fragile infants, children and adolescents in therapeutic foster homes. This program will serve clients with serious and life-threatening conditions, including HIV/AIDS, Shaken Baby Syndrome, Cerebral Palsy, prematurity, Prenatal drug exposure, Developmental Delays, and respiratory and feeding conditions, among others. The needs of the children include those that require technical machinery and 24-hour care. The aim of this program is to provide comprehensive medical and therapeutic services in a family setting that promotes normalization. HOPE will provide structured homes, trained foster parents, and 24-hour coverage with a licensed social worker to coordinate all medical, therapy and psychological services through a team approach. Additionally, the program values biological family involvement and actively includes the biological family in treatment planning and reunification efforts. The primary purpose of a treatment foster care program is to provide community based treatment services within a therapeutic foster family environment to high risk, emotionally disturbed and traumatized children. Our program is dedicated to serving children and their families with in a cultural context. Each child is placed with a trained family that teaches and models appropriate behavior and promotes healing. The program facilitates permanency planning, focusing on reunification. In the event reunification is not possible, continued contact between children and kinship members is facilitated so that
<u>Center for Family Services- Treatment Foster Care- TFC</u>	Baltimore City	DHR	MF	82	Private Treatment Foster Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Children's Choice of Maryland, Inc.</u>	Baltimore City	DHR	MF	150	Private Treatment Foster Care Program	youth maintain a sense of connection with family/home community. Children's Choice, a foster care and adoption agency, was founded 24 years ago in Chester, Pennsylvania. Since that time, the agency has grown and now has over 1000 children in care and has 18 offices located in Pennsylvania, New Jersey, Delaware, and Maryland. Children's Choice of Maryland began placing children in the Salisbury area in 1992. At present, in addition to the Salisbury office, there are offices located in Baltimore and Kent Island that provide treatment foster care and adoption services. Treatment level foster care is provided to children ages 0 to 21 years of age with most of the placements in the 10 to 15 age range. Each office works with up to 40 children and each worker has a maximum of 10 cases in order to assure high quality services and individual attention. Foster parents receive extensive pre-service training as well as 2-hour monthly training sessions. Each office is intentionally kept small so that parents receive the individual attention necessary to provide effective individualized services.
<u>Family and Children's Services of Central Maryland</u>	Baltimore City	DHR	MF	90	Private Treatment Foster Care Program	The Communities of Care Program recruits, trains and licenses families to provide permanency (adoption) for older children and sibling groups. The program is focused on identifying families in Baltimore City and surrounding counties to provide community-based services with intensive support from program staff as well as amongst participating families. The program dually approves families to provide foster/adoptive care.
<u>Family and Children's</u>	Baltimore City	DHR	MF	16	Private Treatment Foster	The Children's Permanency Project provides family foster care for special needs children,

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<u>Services of Central Maryland</u>					Care Program	especially HIV affected/infected, drug exposed, medical fragile children, ages infant to 12 years. The intensive family services approach works from a strengths perspective to optimize parents' capacities to care for and make permanency plans for their children. In addition to reunification where practical, primary planning includes early identification of children for whom adoptive families are needed and placement of those children with foster/adoptive families. The Trauma Integration Model treats youth in foster care who have a history of complex trauma from multiple abuse, neglect, exposure to substances, and violence. treatment parents of the primary focus of change for the youth and their family. Licensed clinical social worker facilitate the treatment and provide intensive clinical casemanagement and service coordination/wraparound treatment parents are highly trained providing intensive behavioral management. The program provides 24 hours on-call crisis intervention and support to the treatment parents, youth and their families. Profile not available.
<u>Kennedy Krieger Family Center Treatment Foster Care Program</u>	Baltimore City	DHR	MF	52	Private Treatment Foster Care Program	
<u>Krieger Family Foster Care</u>	Baltimore City	DHR	MF	50	Private Treatment Foster Care Program	
<u>Martin Pollak Project</u>	Baltimore City	DHR	MF	70	Private Treatment Foster Care Program	The Martin Pollak Project's Treatment Foster Care Program is a community-based family focused program providing comprehensive services to seriously emotionally and behaviorally disturbed children and adolescents. A treatment team consisting of treatment parents, biological parents, extended family members, Martin Pollak case managers and treatment advocates develop

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Phoenix Homes Therapeutic Foster Care</u>	Baltimore City	DHR	MF	60	Private Treatment Foster Care Program	and implement individualized treatment plans using the Enriched Structural Family Therapy. Treatment Foster Care is committed to working with families and children, using a continuum of services to facilitate safety, well-being, and permanency for children in out-of-home placement. Phoenix Homes is an innovative network of Treatment Foster Care Homes for high-risk, medically or seriously emotionally disturbed (SED) youth, between the ages of zero (0) to Twenty-One(21) years old. Phoenix Homes provides specialized clinical treatment services in a family based community setting and is a highly effective resource for addressing the needs of hard-to-place youth. Phoenix Homes will far exceed typical foster care homes in terms of breadth of service and quality of care, through it's Therapeutic interventions in addition to offering support and aftercare services to children and their families upon their return home. Our program's goal is to help the children alleviate problem behaviors and learn the skills to live within their own families and communities. The Treatment Foster Care program develops and sustains a bond between the child and their own biological families. The program seeks to address problems within the family of origin as well as their children in treatment foster care. Ideally, we seek to reunite the child with his/her family of origin and to help support an intact family. If this is not possible, alternative placements are pursued, such as adoption, a relative's home, or independent living.
<u>Pressley Ridge of Central MD Treatment Foster Care</u>	Baltimore City	DHR	MF	105	Private Treatment Foster Care Program	Progressive Life Center's NIA Treatment Foster Care Program provides holistic healing
<u>Progressive Life Center, Inc</u>	Baltimore City	DHR	MF	35	Private Treatment Foster	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>RCI Therapeutic Foster Care</u>	Baltimore City	DHR	MF	35	Care Program  Private Treatment Foster Care Program	and treatment services to emotionally disturbed youth ages 2-21 who are diagnosed with emotional problems as a result of abuse, neglect, and other emotional maladies. RCI uses a holistic approach that is family-centered and focused on the foster parent, child, and biological family's strengths for empowerment. We provide foster care for children and adolescents with special needs. Most importantly we are a community-based agency, working with our foster children in their neighborhoods, community centers and schools. Services includes case management, psychotherapy services, psychiatric services with medication management, tutoring and mentoring, recreational therapist, nutritionist, and educational advocates. Children placed in a Treatment Foster Care home need a living environment that engages them with groups of people who are committed to one another over time and who model and pass on what it means to be a good person and to live a good life. These children lack parents or members of their family who are able to provide this for them. The Children's Guild recruits surrogate parents who have the capacity to create an environment that provides children with activities and experiences that encourage the child's talents rather than their problems. We view being a foster parent as an important and challenging job that deserves good pay and training. We expect both the child and the foster parent to grow, develop, and be enriched by one another.
<u>Treatment Foster Care</u>	Baltimore City	DHR	MF	60	Private Treatment Foster Care Program	WIN Family Services is a child and family service organization that has been providing
<u>WIN FAMILY SERVICES</u>	Baltimore City	DHR	MF	95	Private Treatment Foster	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Aunt CC's Harbor House</u>	Baltimore City	DJS	M	15	Care Program  Private Residential Child Care Program	community based treatment services to children and families since 1992. WIN began its faith-based service to the community by providing Family Preservation Services to families utilizing our Enriched Structural Family Therapy Model. Our program's strength-based philosophy, intensive 24-hour availability, and unconditional support have produced positive treatment outcomes for children and families with intensive treatment issues. We have established a reputation with local Department of Social Services as dependable, responsive, and creative program that produces high quality and effective services. Our Therapeutic Foster Care program targets youth that are predetermined to need intensive and highly structured clinical interventions. WIN intergrates the safety and salient features of institutional placement, within a normalized family and community environment. An emergency shelter for male youths from 11 to 17 years of age/ providing residential and day programming, specifically tailored to adolescents in need of short-term shelter care and stabilization. . A 24-hour group home providing residential and therapeutic services for at-risk males in a structured, nurturing and homelike environment. Individualized and multifaceted treatment services are developed that include residential services, clinical assessments, therapeutic intervention, educational placement/tutoring, parental and family counseling, and a full range of recreational and cultural activities.
<u>Liberty House</u>	Baltimore City	DJS	M	10	Private Residential Child Care Program	

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<u>MENTOR Maryland - Family Advocacy Services - Transitional Group Home</u>	Baltimore City	DJS	M	8	Private Residential Child Care Program	Family Advocacy Services, a member of The MENTOR Network, is a community based mental health agency that provides a wide range of treatment and educational services that enhance the psychological and social functioning of children and families. The Transitional Group Home provides children with a highly structured environment until they are ready to be transitioned to an Intensive Treatment Foster Home. Services include a day support program, a Type III educational program for youth awaiting a school placement or reinstatement in school, a sex offender treatment program, clinical and case management services, and wrap around services.
<u>One Love Group Home</u>	Baltimore City	DJS	M	8	Private Residential Child Care Program	One Love Group Home offers a comprehensive program that provides life skills, mental health treatment, and support services for male adolescents in a structured group home environment. We require that residents participate in educational and vocational programs as well as community service and healthy recreational activities. With an emphasis on creative and holistic program components, we seek to nurture and empower so that our residents are able to fully participate in and give back to their communities.
<u>PSI/First Home Care Mount Clare House</u>	Baltimore City	DJS	M	12	Private Residential Child Care Program	12 bed group home serving youth age 15 to 18 referred by the Departments of Juvenile Services, Social Services and Mental Health and Hygiene.
<u>The Way Home</u>	Baltimore City	DJS	F	15	Private Residential Child Care Program	A 15 bed girls' group home on the 14 acre grounds of Mountain Manor Baltimore Treatment Center in southwest Baltimore. A secure and safe unit that offers 24 hr milieu monitoring; access to 24 hr nursing and

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Creative Options, Inc. - Youth Services</u>	Baltimore County	DHMH: DDA	F	2	Community Residential Program-- Alternative Living Unit (ALU)	<p>medical consultation; individual, family and group counseling; outpatient addictions, mental health and psychiatric treatment; recreational and transportation services; and the availability of ongrounds or offgrounds education.</p> <p>This program provides residential services to youth and young adults ages 17-21 years who are developmentally disabled, dually diagnosed (mental retardation and developmental disabilities) emotional disabilities, physically disabled with 24 hour supervised housing, behavioral management, psychiatric support, management of symptoms as they relate to chronic mental illness, medication administration, social and leisure skill development, life skill training. The environments are highly structured with daily activities. Staff members are trained to address the needs of this population of adolescents and young adults.</p> <p>this program provides residential services to youth and young adults ages 17-21 years of age who are developmentally disabled, dually diagnosed (mental retardation and developmental disabilities) emotional disabilities, with 24 hour supervised housing, behavioral management, psychiatric support, crisis management of symptoms that relate to chronic mental illness, medication administration, social and leisure skill development, &amp; life skill training. The environments are highly skilled</p>
<u>Creative Options, Inc. Youth Division - Old Court</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>This program provides residential services to youth 17-21 years of age who are developmentally disabled, dually diagnosed (mental retardation and developmental disabilities) emotional disabilities, with 24 hour supervised housing, behavioral management, psychiatric support, crisis management of symptoms that relate to chronic mental illness, medication administration, social and leisure skill development, &amp; life skill training. The environments are highly skilled</p>
<u>Creative Options, Inc. Youth Division- Offut Road</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>This program provides residential services to youth 17-21 years of age who are developmentally disabled, dually diagnosed (mental retardation and developmental disabilities) emotional</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - 31st Street</u>	Baltimore County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	disabilities, with 24 hour supervised housing, behavioral support services, psychiatric support services, medication administration , social and leisure skill development and life skill training. The living environment is highly structured with daily activities. Staff members are trained to address the needs of this population of adolescents and young adults. REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.
<u>REM Maryland - ALU 1 - Allenswood</u>	Baltimore County	DHMH: DDA	F	1	Community Residential Program-- Alternative Living Unit (ALU)	REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - Jameson</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p> <p>REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - Malcolm E</u>	Baltimore County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p> <p>REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p> <p>REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on</p>
<u>REM Maryland - ALU 1 - Malcolm J</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - Maxwellton</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p> <p>REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - Perryhurst</u>	Baltimore County	DHMH: DDA	M	2	Community Residential Program-- Alternative Living Unit (ALU)	REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.
<u>REM Maryland - ALU 1 - Rockridge</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social,

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>REM Maryland - ALU 1 - Smithwood A</u>	Baltimore County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields. REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.
<u>REM Maryland - ALU 1 - Sue Creek</u>	Baltimore County	DHMH: DDA	M	2	Community Residential Program-- Alternative Living	REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems.

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type Unit (ALU)	Program Description (from provider profile in SCYFIS)
<u>Associated Catholic Charities/ Gallagher Services</u>	Baltimore County	DHMH: DDA	F	4	Community Residential Program--Group Home (GH)	<p>Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.</p> <p>Four female individuals reside at a four-person group home in Baltimore, MD 21234. Gallagher Services provides 24-hour awake-overnight staffing for the young ladies, as well as recreational opportunities. They attend school or a day program on weekdays. A community based residential program that serves children from age 12 to 15 years. These children are mild, moderate or profoundly retarded. Challenging behaviors, ADHD, Autism, Seizure disorder, SIB, Lisa L emotionally and sexually abused are some of their diagnosis, but are not limited to these. These children are cared for and kept safe by trained staff. An Agency Nurse is available 24 hours per day, monitoring staff performing delegated nursing task, 45 day reviews and nursing care plan, but not limited to the</p>
<u>Be Our Guest Ltd. 1A</u>	Baltimore County	DHMH: DDA	F	3	Community Residential Program--Group Home (GH)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Be Our Guest Ltd. 1B</u>	Baltimore County	DHMH: DDA	M	3	Community Residential Program--Group Home (GH)	<p>above. Each Individual has an Individual plan specific to him or her, private room, nutritious appealing meals are served no less than three per day and snacks. All medical, mental health evaluations and care are ongoing, specialized therapies are individualized on an as needed basis. Education and recreation is an integral part of the children's IP at Be Our Guest Ltd.</p> <p>A community based residential program that serves children from age 12 to 15 years. These children are mild, moderate or profoundly retarded. Challenging behaviors, ADHD, Autism, Seizure disorder, SIB, Lisa L emotionally and sexually abused are some of their diagnosis, but are not limited to these. These children are cared for and kept safe by trained staff. An Agency Nurse is available 24 hours per day, monitoring staff performing delegated nursing task, 45 day reviews and nursing care plan, but not limited to the above. Each Individual has an Individual plan specific to him or her, private room, nutritious appealing meals are served no less than three per day and snacks. All medical, mental health evaluations and care are ongoing, specialized therapies are individualized on an as needed basis. Education and recreation is an integral part of the children's IP at Be Our Guest Ltd.</p> <p>Be Our Guest Ltd. II provides quality accountable housing and services to children with developmental disabilities. The age range of these children is 10 to 20 years. The staffing patern is a minimum of two staff persons to four children on every shift. Our children receive the benefit of all community services (education inclusive) as needed for</p>
<u>Be Our Guest Ltd. II</u>	Baltimore County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Center for Social Change</u>	Baltimore County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	<p>their physical, emotional and mental well being. Our Agency Nurses are available for all medical emergencies. The nurses monitor all staff delegated with nursing task, document initial nursing assessments, 45 day reviews and annual assessments among others. Each child has a private room, Individual plan and is served nutritious meals no less than three per day including snacks. All medical, dental and other clinical needs are met as scheduled and on as needed basis.</p> <p>CSC., Inc. is a DDA licensed provider who currently provides residential and supported employment services to children and adults who have developmental disabilities. It currently serves behaviorally challenging children under a DHR contract. CSC opened its first Group Home for behaviorally challenging children in November FY 2003. CSC's programs for children would support children residentially, develop their individual plans in order to transition them to their own families as they mature.</p> <p>Center for Social Change, Inc. opened its first home for medically fragile children in November 2001. The home was licensed by OHCQ and has a capacity for five children with complex medical problems. Over the past years, the children that were admitted to this home have been receiving nursing care from Licensed Practical Nurses, Registered Nurses, Direct Child Care Workers – who are Certified Nursing Assistants. The children also receive educational service through the Baltimore County school system and social work services through the agency Social Work Consultant. This program emphasizes family involvement to enable the children to</p>
<u>Center For Social Change, Inc.</u>	Baltimore County	DHMH: DDA	MF	5	Community Residential Program--Group Home (GH)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Mid Atlantic Human Services Corp</u>	Baltimore County	DHMH: DDA	MF	5	Community Residential Program--Group Home (GH)	reunite with their families when they turn 21 years of age. Profile not available
<u>Mid Atlantic Human Services Corp</u>	Baltimore County	DHMH: DDA	MF	5	Community Residential Program--Group Home (GH)	Profile not available.
<u>Mid Atlantic Human Services Corp</u>	Baltimore County	DHMH: DDA	MF	4	Community Residential Program--Group Home (GH)	Profile not available.
<u>CPL/Changing People's Lives Medical Treatment Foster Care</u>	Baltimore County	DHMH: DDA	MF	3	Individual Family Care	CPL provides respite and long-term treatment foster care services for children with developmental disabilities living in the Baltimore metropolitan area, southern Maryland, and on the Eastern Shore. Our community placement coordinators and nurses monitor each home to assure a safe, healthy living environment. They are also responsible for securing and coordinating the services necessary for the child's development and successful participation in community life. We currently operate over 100 homes licensed by DDA-DHMH as individual family care homes.
<u>CPL/Changing People's Lives Treatment Foster Care</u>	Baltimore County	DHMH: DDA	MF	15	Individual Family Care	CPL provides respite and long-term treatment foster care services for children with developmental disabilities living in the Baltimore metropolitan area, southern Maryland, and on the Eastern Shore. Our community placement coordinators and nurses monitor each home to assure a safe, healthy living environment. They are also responsible for securing and coordinating the services necessary for the child's

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Mountain Manor Treatment Center</u>	Baltimore County	DHMH: OHCQ	MF	50	ASAM Level III.7 (American Society of Addiction Medicine)	<p>development and successful participation in community life. We currently operate over 100 homes licensed by DDA-DHMH as individual family care homes.</p> <p>Mosaic Community Services Therapeutic Group Home Program is designed to promote age appropriate adaptive living skills in male adolescents aged 12-18, who have demonstrated a significant history of disruptive behaviors in various areas of functioning including home, school, and community. The treatment programming incorporates a developmental and a bio-psychosocial model that stresses identification and remediation of developmental deficits as well as attention to the normative developmental needs of adolescent boys. The incorporation of personal responsibility and self-sufficiency, enhancement of mastery and self-esteem, and development of interpersonal and affect management skills are accomplished through a combination of treatment approaches. The treatment modalities employed include individual and group instruction, counseling, milieu interventions and therapies, psychotropic medication, occupational and recreational guidance, and programming. Treatment services are delivered in the context of the continuum of mental health care offered by Mosaic Community Services, Inc., and the Sheppard Pratt Health System. Mosaic provides 24-hour care and supervision in a structured, supportive, and protective environment where treatment interventions can be offered with the goals of developing adaptive functioning and successful re-entry of the adolescent into his family or</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS) community.
<u>Berkeley &amp; Eleanor Mann Residential Treatment Center</u>	Baltimore County	DHMH: OHCQ	MF	48	Residential Treatment Center	Profile not available.
<u>Good Shepherd Center</u>	Baltimore County	DHMH: OHCQ	F	105	Residential Treatment Center	Profile not available.
<u>The Villa Maria Continuum Residential Treatment Center</u>	Baltimore County	DHMH: OHCQ	MF	95	Residential Treatment Center	Residential treatment is provided to children ages 5 – 14 for whom less restrictive interventions and services have proven inadequate to meet their behavioral and emotional needs. A comprehensive plan for therapeutic services is provided based on a thorough diagnostic assessment. An intensive unit is available for children requiring a higher level of care and treatment. Fordham Cottage, a therapeutic group home of Mosaic Community Services, Inc. is committed to providing a safe, secure, and nurturing environment for adolescent boys ages 12 to 18 who have an ongoing psychiatric history as demonstrated in problem behaviors within the context of the family, school, and/or community. These adolescents will require more structured treatment than provided by only outpatient services. The program will provide a protective environment in which the adolescent may develop the skills necessary for successful re-entry into his family or community. The program is also designed to promote age-appropriate interpersonal skills using an interdisciplinary approach dedicated to offering the adolescent and his family an individualized range of services through the continuum of care provided by Mosaic Community Services, Inc., and the Sheppard
<u>Fordham Cottage</u>	Baltimore County	DHMH: OHCQ	M	8	Therapeutic Group Home	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Villa Maria Continuum Therapeutic Group Home</u>	Baltimore County	DHMH: OHCQ	M	6	Therapeutic Group Home	Pratt Health System. Fostering of personal responsibility, self-sufficiency, and the ability to relate as an individual and as member of a group to both authority figures and peers, will be developed through a combination of individual, milieu, family, and behavioral treatment approaches.
<u>Spring Grove Hospital-Dayhoff Building</u>	Baltimore County	DHMH: OHCQ	MF	25	Acute Psychiatric Hospitalization	Villa Maria therapeutic group home is a six bed program for boys ages 9-14 who are in need of a structured community-based living situation. The program is family focused with the goal to return the child to his family, foster family, or agreed upon placement source. Villa Maria will provide, at a minimum, case coordination, individual, group and family therapy, medication services, health and nutrition training, independent living skills training and structured recreation and leisure services. Education will be arranged in coordination with the child's Local School System. Discharge planning will be provided to ensure timely and effective transition from the Group Home.
<u>Challengers Independent Living</u>	Baltimore County	DHR	MF	14	Private Independent Living Program	Challengers independent living program provides comprehensive life skills services to teens between the ages of 17-21 years of age. Participants will have the opportunity to learn, develop and practice independent life skills in a safe and nurturing environment. The Damamli Independent Living Program is designed for pregnant and/or parenting adolescent females between the ages of 16-21 and their infants. Referrals are accepted from the Department of Social Services and the Department of Juvenile Services. The
<u>Damamli Independent Living Program</u>	Baltimore County	DHR	F	24	Private Independent Living Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Family Advocacy Services - Independent Living</u>	Baltimore County	DHR	MF	20	Private Independent Living Program	<p>program provides intensive case management, parenting education, and independent living skills training. The Damamli program utilizes the support of foster parents to assist the young mothers on making the transition from foster care to self-sufficiency. Once the young lady has achieved her goals, she is able to move into her own apartment. The Damamli program practices a Positive Youth Development (PYD) model in working with the young mothers. A PYD approach emphasizes the youth's ability to contribute, rather than focusing on her problems and supports them in the development of the internal and external resources they need for healthy adulthood.</p> <p>Family Advocacy Services is a community based mental health agency that provides a wide range of treatment and educational services that enhance the psychological and social functioning of children and families. The Independent Living Program provides young adults with the skills necessary to function independently in society. Youth placed in the Independent Living Program have already completed Phase I of the program where they lived in a treatment foster home and learned basic skills, received pre-vocational training, and are now ready to live in an apartment with another youth. The youth then continue to learn to function independently while they continue to work.</p>
<u>Riddle House - Independent Living - 3300 Gaither Road</u>	Baltimore County	DHR	MF	2	Private Independent Living Program	<p>This private home with two apartments located adjacent to the Board of Child Care main campus serves males and/or females in an independent living environment with the opportunity to continue to develop/increase</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>TAY</u>	Baltimore County	DHR	MF	12	Private Independent Living Program	<p>independent living skills, while attending post secondary or vocational training opportunities. Youth ages 18 through 21 also receive the following services as needed: psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, service/discharge planning to foster movement toward independence. Accessible treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, MSW Social Services Department (approved by Mental Hygiene Administration as an Outpatient Mental Health Clinic), trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>To meet the growing needs of young adults aging out of the child and adolescent system, but still requiring supports not commonly found in adult programs, Mosaic Community Services, Inc. (Mosaic) created a Transitional Aged Youth (TAY) Program. Mosaic views the TAY Program as “hybrid” between traditional independent living programs and therapeutic group home living. It is designed for young adults aged 17-21 who are aging out of the more structured child and adolescent services, such as Therapeutic Group Homes, High Intensity Respite, and Residential Treatment Center’s , but do not yet have the skills to successfully function in a low structured independent living program. Mosaic’s TAY program will provide on-going support, supervision, structure, and training, which will taper off as the youth gains the skills and experience necessary to transition into a more traditional, less structured independent living program.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Aunt Hattie's Place</u>	Baltimore County	DHR	M	6	Private Residential Child Care Program	A community based residential program that provides support for adolescent males 14-17 years old, with behavioral and emotional problems. The program provides counseling, intervention and support to stabilize, nurture and aid them toward independence. Outcome base approach that focuses on essential life skills and treatment goal accomplishment is utilized to measure the level of progress of each child in the program. Children in the program are required to attend school, participate structured recreation programs, attend individual and group therapy and engage in pro-social behaviors with their peers in the community.
<u>CHEO Group Home for Boys II</u>	Baltimore County	DHR	M	7	Private Residential Child Care Program	DREAM KEEPERS, INC., IS AN AGENCY WHICH PROVIDES RESIDENTIAL SERVICES TO INDIVIDUALS WHO NEED TO BE SELF SUFFICIENT AND LEARN RESPONSIBLE LIVING SKILLS. THE AGENCY ADHERES TO THE CONCEPT OF NORMALIZATION OF PRINCIPLES WITHIN A DELIVERY SYSTEM WHICH UTILIZES THE DEVELOPMENTAL MODEL IN RESIDENTIAL LIVING. THE AGENCY IS COMMITTED TO THE CONCEPT OF DE-INSTITUTIONALIZING INDIVIDUALS. ALL OF OUR CLIENTS RECEIVE PSYCHOTHERAPY AND EDUCATIONAL TRAINING, (WITHIN) AND BY OUTSIDE AGENCY'S. THE FACILITIES ARE OPENED 365 DAYS A YEAR AND 24 HOURS A DAY. DAILY LIFE SKILLS TRAINING IS OFFERED 7 DAYS PER WEEK, IN ADDITION, DAILY PROGRESS FORMS AND RESIDENTIAL
<u>DREAM KEEPERS INC.,</u>	Baltimore County	DHR	M	6	Private Residential Child Care Program	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Franklin Homes, Inc.</u>	Baltimore County	DHR	M	5	Private Residential Child Care Program	GROWTH SHEETS ARE KEPT ON ALL OF OUR CLIENTS AT DKI. THE PROGRAM IS LOCATED IN EAST BALTIMORE. FGH provides specialized care for children who are emotionally disturbed, substance abusers, mildly retarded and neglected. FGH serves as an immediate and temporary home for children who for their own safety, health and welfare-cannot remain in their own homes. FGH takes children out of negative home environments infested by drugs, violence and criminal activity. FGH provides specialized care for children who are emotionally disturbed, substance abusers, mildly retarded and neglected. FGH serves as an immediate and temporary home for children who for their own safety, health and welfare-cannot remain in their own homes. FGH takes children out of negative home environments infested by drugs, violence and criminal activity.
<u>Franklin Homes, Inc.</u>	Baltimore County	DHR	M	5	Private Residential Child Care Program	FGH provides specialized care for children who are emotionally disturbed, substance abusers, mildly retarded and neglected. FGH serves as an immediate and temporary home for children who for their own safety, health and welfare-cannot remain in their own homes. FGH takes children out of negative home environments infested by drugs, violence and criminal activity. FGH provides specialized care for children who are emotionally disturbed, substance abusers, mildly retarded and neglected. FGH serves an an immediate and temporary home for children who for their own safety, health and welfare-cannot remain in their own homes. FGH takes children out of negative home environments infested by drugs, violence and criminal activity. This small group home serves females in a transitional living environment with opportunity to develop or increase independent living skills, while attending local public high school or post secondary opportunities. Youth ages 15 through 20 also receive the following services as needed: psychotherapeutic intervention, ongoing/emergency psychiatric
<u>Franklin Homes, Inc.</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	
<u>Gateway House - 3223 Rolling Rd - Baltimore</u>	Baltimore County	DHR	F	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Graceville Group Home, Inc.</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	services, diagnostic assessment, medication management, service/discharge planning to foster movement toward independent living. Accessible treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, MSW Social Services Department (approved by Mental Hygiene Administration as an Outpatient Mental Health Clinic), trained Child Care Professionals, Chaplain and Therapeutic Recreation. Graceville Group Home for Boys provides intensive services to adolescent males, 12-16 years of age with behavioral problems; as to stabilize, nurture, and aid them towards independent. Graceville Group Home for Boys provides intervention and support in a strong family assimilated group environment; with eclectic approach to stabilize adolescent males at risk of becoming involved with the juvenile justice system, or those currently involved, as well as those in need of out-of-home placement due to maltreatment. Graceville Group Home for Boys provides intensive services to adolescent males, 12-16 years of age with behavioral problems; as to stabilize, nurture, and aid them towards independent. Graceville Group Home for Boys provides intervention and support in a strong family assimilated group environment; with eclectic approach to stabilize adolescent males at risk of becoming involved with the juvenile justice system, or those currently involved, as well as those in need of out-of-home placement due to maltreatment.
<u>Graceville Group Home, Inc.</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	Provide a physical and emotionally safe environment for adolescent; teach and train young girls in self-esteem, character building, and personal development; Provide social
<u>Home of New Beginnings Adolescent Program</u>	Baltimore County	DHR	F	12	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Home of New Beginnings Pregnant Teens and Teen Mothers</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	supports such as educational, child care, transportation, medical, psychological and therapeutic intervention; to assist with goal setting and career building; provide independent life skills training; teach young girls the use of community based services for self empowerment (e.g. libraries, resource centers, etc.). Present reformed, responsible, and reliable citizens to our communities so that they may in turn affect their peers. A community based residential facility for pregnant teens, teen mothers, ages 16-21, and their infants. Residents receive training in life skills, career planning, parenting, and personal development. Shelter care for acutely and chronically traumatized males and females demonstrating behavioral and emotional disturbance. Sixty day program for youth who can be maintained in an open setting. Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, transitional education and Level V non public school, service/discharge planning. Treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, Unit based MSW Social Worker as part of Social Services Department (approved by Mental Health Administration as an Outpatient Mental Health Clinic), Trained Child Care Professionals, Chaplain, and Therapeutic Recreation.
<u>Kelso Shelter (Girls) and Singewald Shelter (Boys) - Baltimore</u>	Baltimore County	DHR	MF	24	Private Residential Child Care Program	A 24-hour group home providing residential and therapeutic services for at-risk males in a structured, nurturing and homelike environment. Individualized and multifaceted services are developed that include
<u>Lincoln House</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Making A Great Individual Contribution III</u>	Baltimore County	DHR	F	5	Private Residential Child Care Program	<p>residential services, clinical assessments, therapeutic intervention, educational placement/tutoring, parental and family counseling and a full range of recreational and cultural activities.</p> <p>The mission of our agency is to utilize the youth's strengths as the agents of change, adaptability, and stabilization in their lives. Through the application of individualized interventions, strategies, working and an array of comprehensive services, children experience success. Through the integration of services and resources, the group home works earnestly in partnership with referral agencies to assist in securing permanency for the youth. Unity Home for Girls operates safe, community-based living environments that are structured to provide home-like settings that nurtures, and integrates daily life skills, therapy, counseling, tutorial services and self-development.</p> <p>The mission of our agency is to utilize the youth's strengths as the agents of change, adaptability, and stabilization in their lives. Through the application of individualized interventions, strategies, team-working, and an array of comprehensive services, children experience success. Through the integration of services and resources, the group home works earnestly in partnership with referral agencies to assist in securing permanency for the youth. Unity Home for Girls operates safe, community-based living environments that are structured to provide home-like, settings that nurtures, and integrates daily life skills, therapy, counseling, tutorial services, and self development.</p>
<u>Making A Great Individual Contribution - Unity Home for Girls 2</u>	Baltimore County	DHR	F	4	Private Residential Child Care Program	<p>The mission of our agency is to utilize the youth's strengths as the agents of change, adaptability, and stabilization in their lives. Through the application of individualized interventions, strategies, team-working, and an array of comprehensive services, children experience success. Through the integration of services and resources, the group home works earnestly in partnership with referral agencies to assist in securing permanency for the youth. Unity Home for Girls operates safe, community-based living environments that are structured to provide home-like, settings that nurtures, and integrates daily life skills, therapy, counseling, tutorial services, and self development.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Making A Great Individual Contribution, Inc.-Unity Home for Girls I</u>	Baltimore County	DHR	F	4	Private Residential Child Care Program	<p>The mission of our agency is to utilize the youth's strengths as the agents of change, adaptability, and stabilization in their lives. Through the application of individualized interventions, strategies, team-working, and an array of comprehensive services, children experience success. Through the integration of services and resources, the group home works earnestly in partnership with referral agencies to assist in securing permanency for the youth. Unity Home for Girls operates safe, community-based living environments that are structured to provide home-like, settings that nurtures, and integrates daily life skills, therapy, counseling, tutorial services, and self development.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes</p>
<u>National Center on Institutions and Alternatives</u>	Baltimore County	DHR	M	3	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u>	Baltimore County	DHR	M	3	Private Residential Child Care Program	<p>demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services</p>
<u>National Center on Institutions and Alternatives</u>	Baltimore County	DHR	M	3	Private Residential Child Care Program	<p>demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives ii</u>	Baltimore County	DHR	M	4	Private Residential Child Care Program	<p>including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Center on Institutions and Alternatives</u> viii	Baltimore County	DHR	M	4	Private Residential Child Care Program	<p>permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings</p>
<u>National Center on Institutions and Alternatives</u> x	Baltimore County	DHR	M	3	Private Residential Child Care Program	<p>permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National center on institutions and alternatives: i</u>	Baltimore County	DHR	F	3	Private Residential Child Care Program	<p>located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>The National Center on Institutions and Alternatives (NCIA) has historically worked with youth who have mental health and behavioral challenges. The agency provides services to youth between the ages of 13 – 21. Youth are housed in group home settings located in residential neighborhoods. The agency provides a variety of services including school placement and mental health services including individual, group and family therapy, drug treatment, psychiatric services, and vocational, life skills, psych-social and psycho-sexual assessments. The primary purpose of the program is to stabilize the youth's life, reduce time spent in foster care and find permanent living arrangements including reunification with the family (when safety can be assured), kinship care, adoption</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Nicodemus Group Home - 1706 Nicodemus Rd - Reisterstown</u>	Baltimore County	DHR	F	5	Private Residential Child Care Program	<p>or independent living for young adults. The program places emphasis on improving permanency, well-being and youth safety outcomes. To assure that outcomes demonstrate improvement, the agency restructured its data collection and review procedures to identify measurable outcomes and track them over time.</p> <p>This lovely community-based small group home serves females in a transitional living environment with opportunity to develop or increase independent living skills, while attending local public high school or post secondary opportunities. Youth ages 15 through 20 also receive the following services as needed: psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, service/discharge planning to foster movement toward independent living. Accessible treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, MSW Social Services Department (approved by Mental Hygiene Administration as an Outpatient Mental Health Clinic), trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>This program is for acutely and chronically traumatized males and females, demonstrating behavioral and emotional disturbance, serves males and females, ages 9-18, who can be maintained in open setting. Transitional living services for youth, ages 15-21 years. Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, including family, medication management, Level V non-public school, and transitional education classes,</p>
<u>Residential Program - 3300 Gaither Road - Baltimore</u>	Baltimore County	DHR	MF	85	Private Residential Child Care Program	<p>This program is for acutely and chronically traumatized males and females, demonstrating behavioral and emotional disturbance, serves males and females, ages 9-18, who can be maintained in open setting. Transitional living services for youth, ages 15-21 years. Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, including family, medication management, Level V non-public school, and transitional education classes,</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Safe Healing House</u>	Baltimore County	DHR	M	10	Private Residential Child Care Program	<p>service/discharge planning to foster movement toward less restrictive setting. Treatment Resources include Medical Director/Psychiatrists, Pediatrician, Nurses, MSW Social services Department (approved by Mental Hygiene Administration as an Outpatient Mental Health Clinic), trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>Safe Healing Inc, has historically worked with youth (14-21) who are behaviorally, cognitively and psychologically challenged. Youth are helped to resolve childhood traumas, parent/child conflicts, overcome educational obstacles, learn to manage their behavior and prepare for their eventual transition to young adulthood. Services include individual, group and family therapy, psychiatric care, medication management, educational placement and support, and counseling. Youth are taught violence prevention strategies through participation in our Street soldiers Violence Prevention Program. Youth are taught life skills, assisted with developing job readiness skills, conducting job searches and finding employment. Strong African-based values are taught including, self-respect, respect for others, team work, spirituality, self-confidence, and strong family and community ties. Recreational services include basketball and softball leagues, basketball clinic, field trips, summer camp, and culturally appropriate activities.</p> <p>Overlook at Sheppard Pratt is an eight-bed unit designed for the comprehensive evaluation and intensive treatment of adolescents in a psychotherapeutic milieu</p>
<u>Sheppard Pratt Health System - The Overlook</u>	Baltimore County	DHR	MF	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>St. Vincent's Child Care Center</u>	Baltimore County	DHR	MF	70	Private Residential Child Care Program	<p>unencumbered by third party payment policies and restrictions. The average length of stay ranges from three weeks to several months. Founded in 1856, St. Vincent's Center has been serving Maryland's most vulnerable children and families for 150 years. St. Vincent's Center is a 70-bed residential treatment program for children with emotional and behavioral problems, ages 3 through 13 years. St. Vincent's Center is operated by Catholic Charities, is licensed through the Department of Human Resources, and is accredited by the Council on Accreditation (COA). St. Vincent's provides services ranging from emergency placement to comprehensive diagnostic and treatment services. Services provided include: Diagnostic Assessment; Individual, family, and group therapies; Psychiatric evaluation and treatment; Medication Management; Psychological Testing; Case Management Services; On-site Nursing and Routine Health Care; On-site Diagnostic School; Recreational Programming; Spiritual and Moral Development; Crisis Team; Bachelors level direct care staff, certified in Cornell University's Therapeutic Crisis Intervention (TCI) and trained in Child Welfare League of America's (CWLA) New Directions Training for Direct Care Professionals; Newly renovated, state-of-the-art residential units with individual bedrooms. This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of</p>
<u>Starflight - Brigadoon</u>	Baltimore County	DHR	MF	4	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Starflight -Hanna</u>	Baltimore County	DHR	MF	5	Private Residential Child Care Program	<p>parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Starflight Enterprises, Inc.</u>	Baltimore County	DHR	MF	6	Private Residential Child Care Program	<p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service</p> <p>Tis program provides intensive 24-hour residential supervision to male and female adolescents and yung adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpretrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Starflight Enterprises, Inc.</u>	Baltimore County	DHR	MF	4	Private Residential Child Care Program	<p>include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education.</p> <p>This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as</p>

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<u>Starflight iii</u>	Baltimore County	DHR	MF	5	Private Residential Child Care Program	<p>concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational</p>



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<u>Starflight iv</u>	Baltimore County	DHR	MF	4	Private Residential Child Care Program	<p>parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Starflight ix</u>	Baltimore County	DHR	MF	6	Private Residential Child Care Program	<p>activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>his program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims.</p> <p>Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>The Arrow Project Diagnostic Center</u>	Baltimore County	DHR	MF	46	Private Residential Child Care Program	<p>such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>The Arrow Diagnostic Center is a 90 day, co-ed residential program for youth ages 12 through 18 years who are in need of comprehensive, multidisciplinary assessments in order to assist with future placement, treatment, and educational planning. The facility is located in Baltimore County and offers a structured daily program through which clinical, educational, health and recreational services are provided within the therapeutic milieu. Diagnostic impressions are formulated through formal evaluations as well as observation and clinical interventions. Service coordination is handled by mental health clinicians. Admissions are coordinated through an admissions coordinator, who processes all referrals within 48 hours after receipt of the complete referral material.</p> <p>The Children's Home Long Term residential program is one comprised of 4 independent residential group cottages providing services to youth between the ages of 8 and 20 years old, in need of a safe, therapeutic, and structured community based living environment. A description of the demographic served in each individual cottage is as follows: VR cottage houses females between the ages of 8 and 20 year old, FM cottage houses males between the ages of 14 and 20 years old, JR cottage houses males between the ages of 8 and 14</p>
<u>The Children's Home, Inc. - Group Home, Large</u>	Baltimore County	DHR	MF	48	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>The Children's Home, Inc. - Shelter Care 60 Day</u>	Baltimore County	DHR	F	8	Private Residential Child Care Program	years old, and ELP (semi-independent living) cottage houses males between the ages of 16 and 20 years old. Our programs are family focused with the ultimate goal of uniting or reuniting youth with their biological families, foster families, or other agreed upon placement resource. Provided services include: linkage to on and off campus outpatient therapeutic services; case management and coordination; monitored medication management; family reunification services; independent living and life skills training; employment linkage; structure recreation and leisure activities; and 24 hour supervision by trained and experienced staff. All discharge planning and other residential care decisions are addressed by an on-site treatment team consisting of the Deputy Director, Clinical Manager, Manager of Residential Services, Cottage Supervisor, Case Manager, and Registered Nurse. The Children's Home's short term 60 day shelter program is comprised of one cottage serving a maximum of 8 females between the ages of 9 and 13 years old, in need of immediate and/or emergency housing in a safe, therapeutic, and structured community based living environment. Upon completion of the 60 day period, in the event that space is available and youth in care has presented behavior favorable to long term placement, youth may have the opportunity to transition to The Children's Home's Long term residential program or The Children's Home's treatment foster care program.
<u>The Children's Home, Inc. - Transitional</u>	Baltimore County	DHR	M	8	Private Residential Child Care Program	This program is a short-term, 8-bed residential program for male youth 12 through 14 years of age. The target population for this

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Living Program</u>						program is the difficult to place adolescents. The program offers a home-like environment that will include academic support, medical and mental health care and coordination and recreation as part of the daily programming. Clients will receive diagnostic assessments that will facilitate appropriate placement following discharge. Expected length of stay for each resident is three to six months. Discharge planning will be facilitated by the program. Profile not available.
<u>The Place for Children I</u>	Baltimore County	DHR	MF	3	Private Residential Child Care Program	The Woolford House, Inc. provides residential care and services, including coordination of diagnostic services to young children who require out-of-the-home placement. Provide a range of services to families and the children in our care including prevention and counseling services, therapeutic services in an outpatient setting; and, advocacy for the needs of these children and their families.
<u>Woolford House - 178 Cherrydell Road</u>	Baltimore County	DHR	MF	3	Private Residential Child Care Program	The Woolford House, Inc. provides residential care and services, including coordination of diagnostic services to young children who require out-of-the-home placement. Provide a range of services to families and to the children in our care including prevention and counseling services, therapeutic services in an outpatient setting; and, advocacy for the needs of these children and their families.
<u>Woolford House - 34 Winslow Park Drive</u>	Baltimore County	DHR	MF	3	Private Residential Child Care Program	The Woolford House, Inc. provides residential care and services, including coordination of diagnostic services to young children who require out-of-the-home placement. Provide a range of services to families and the children in our care including prevention and
<u>Woolford House - 3910 Queens Lace Street</u>	Baltimore County	DHR	MF	3	Private Residential Child Care Program	The Woolford House, Inc. provides residential care and services, including coordination of diagnostic services to young children who require out-of-the-home placement. Provide a range of services to families and the children in our care including prevention and

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Woolford House - 9000 Samoset Road</u>	Baltimore County	DHR	MF	3	Private Residential Child Care Program	counseling services, therapeutic services in an outpatient setting; and, advocacy for the needs of these children and their families. The Woolford House, Inc. provides residential care and services, including coordination of diagnostic services to young children who require out-of-the-home placement. Provide a range of services to families and the children in our care including prevention and counseling services, therapeutic services in an outpatient setting; and, advocacy for the needs of these children and their families. Family Advocacy Services, a member of The MENTOR Network, is a community based mental health agency that provides a wide range of treatment and educational services that enhance the psychological and social functioning of children and families. The Intensive Treatment Foster Care Program provides children with a family type environment with specially trained foster parents. Services include a day support program, a Type III educational program for youth awaiting a school placement or reinstatement in school, a sex offender treatment program, clinical and case management services, a transitional group home and wrap around services. This program also offers Phase I of the FAS Independent Living Program. Youth continue to reside with treatment foster parents while learning the skills needed for independent living.
<u>Family Advocacy Services - Intensive Treatment Foster Care</u>	Baltimore County	DHR	MF	60	Private Treatment Foster Care Program	Family Advocacy Services is a community based mental health agency that provides a wide range of treatment and educational services that enhance the psychological and social functioning of children and families. The
<u>Family Advocacy Services - Transitional Foster Care Program</u>	Baltimore County	DHR	MF	10	Private Treatment Foster Care Program	Family Advocacy Services is a community based mental health agency that provides a wide range of treatment and educational services that enhance the psychological and social functioning of children and families. The

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Jewish Family Services</u>	Baltimore County	DHR	MF	12	Private Treatment Foster Care Program	<p>Transitional Foster Care Program provides a home like environment for youth who have completed the Intensive Treatment Foster Care Program and do not have another living environment to move on to. These children can remain in the FAS foster home until moving to another place or transition to our Independent Living Program. While in this program the youth continue to receive case management, education, recreation, and crisis management services.</p> <p>Jewish Family Services provides treatment foster care services on a non-sectarian basis. Jewish Family Services also provides regular foster care services to Jewish children and their families.</p>
<u>MENTOR Maryland - Therapeutic Foster Care for Medically Fragile Children</u>	Baltimore County	DHR	MF	N/A	Private Treatment Foster Care Program	<p>MENTOR Maryland's Medically Complex Program provides individualized, community based residential treatment and rehabilitation services to medically complex, physically disabled and mentally retarded children and adolescents. MENTOR Maryland provides:</p> <p>**Individualized community based placement in the secure and nurturing home of a medically trained Mentor foster parent</p> <p>**Intensive case management by a licensed social worker **RN consultation and oversight</p>
<u>MENTOR Maryland - Therapeutic Foster Care for Severely Emotionally Disabled</u>	Baltimore County	DHR	MF	N/A	Private Treatment Foster Care Program	<p>MENTOR Maryland's SED program provides individualized, community based treatment and rehabilitation services to seriously emotionally disturbed, psychiatrically ill and behaviorally challenged children and adolescents. MENTOR Maryland provides:</p> <p>** Individualized community based placement in the secure and nurturing home of a trained Mentor parent</p> <p>** Intensive case management by a licensed social worker ** Psychiatric consultation, treatment and oversight</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>MENTOR Maryland - Therapeutic Foster Care for Severely Emotionally Disabled Overstay Contract</u>	Baltimore County	DHR	MF	25	Private Treatment Foster Care Program	MENTOR Maryland's SED program provides individualized, community based treatment and rehabilitation services to seriously emotionally disturbed, psychiatrically ill and behaviorally challenged children and adolescents. MENTOR Maryland provides: ** Individualized community based placement in the secure and nurturing home of a trained Mentor parent ** Intensive case management by a licensed social worker on a bi-weekly basis.
<u>Neighbor to Family, Baltimore</u>	Baltimore County	DHR	MF	40	Private Treatment Foster Care Program	Neighbor to Family provides community-based specialized foster care services to children of sibling groups. The program components include intensive case management and wrap-around services, monthly family team meetings, individual, family and group therapy, coordination of medical and other care needs, aggressive outreach to birth parents, collaboration with interested parties and community stake holders, and strong advocacy. Services are available 7 days a week, 24 hours a day. Special emphasis is given to achieving permanency goals for children within 12 months of placement. Neighbor to Family accepts children from infancy through eighteen years of age along with their siblings
<u>Progressive Horizons Treatment Foster Care</u>	Baltimore County	DHR	MF	30	Private Treatment Foster Care Program	Progressive Horizons, Inc. is licensed to serve abused and neglected children through its treatment foster care program. "Treatment" foster care address the needs of children who are medically fragile, learning disabled, emotionally disturbed or who have behavior problems. To treat these children means to provide love and support in a safe, secure, and stable family setting. Progressive Horizons, Inc. provides potential foster



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>PSI Treatment Foster Care</u>	Baltimore County	DHR	MF	68	Private Treatment Foster Care Program	<p>parents with 27 hours of free pre-placement and ongoing training to assist the families in meeting the special needs of the children. Foster parents must have the ability to teach children appropriate behavior and set realistic expectations in working with emotionally disturbed or physically disabled children. Foster parents are required to meet all requirements for treatment foster care. This program serves children with psychiatric, behavioral health and medical problems and their families. It provides intensive services to address serious medical problems and physical, mental health or behavioral needs that require services in excess of those expected in regular foster care. Children are placed in licensed therapeutic homes and intensive case management, nursing, physical therapy, nutrition, speech and language, mental health and behavior management services are provided. Foster parents receive specialized training to enable them to handle their special medical needs of the children. Services are also provided to biological families to help prepare them to work with their children when they return home. Permanency goals are consistently addressed.</p> <p>...Second Home is a private, non-profit organization established in October 1990 for the purpose of ending and preventing the institutionalization of children and youths through the development of community-based services and programs. Believing that children best grow and develop in families, Second Home operates a Therapeutic Foster Care Program. This program recruits, trains, and supports foster family placements as the</p>
<u>Second Home</u>	Baltimore County	DHR	MF	50	Private Treatment Foster Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Sheridan Patterson Center for Holistic Family Services, Inc.</u>	Baltimore County	DHR	MF	42	Private Treatment Foster Care Program	<p>primary treatment providers for children and youths who have special needs and are at risk of institutionalization. As a licensed Child Placement Agency, Second Home provides both short-term and long-term therapeutic foster care to children and youths with special needs who cannot be cared for in their families of origin.</p> <p>The Special Paths, is a holistic, multi-cultural TFC program for SED and Lisa L children, ages 2-15. The program is designed to expedite reunification of foster children with their biological families and diminish their length of stay in foster care. The program includes the following additional services: Rites of Passage Program, Summer Camp, Multi-Family Retreats, Educational Incentives, Case Management, Clinical Services, Psychological/Psychiatric consultation and evaluation. All therapeutic services are provided by master level, licensed clinicians. All services are provided on site of the organization and in the treatment foster parent's home. This program has a strong spiritual and cultural focus designed to enhance the child and family's spiritual well-being and cultural awareness to expedite the healing process.</p> <p>Part of one of the nation's largest agencies serving individuals with developmental disabilities, The Arc of Baltimore Treatment Foster Care provides intensive case management, a variety of support services, and therapeutic psychosocial interventions to children with behavioral and emotional difficulties, an/or with developmental disabilities and physical/medical needs. Development of positive relationships is a</p>
<u>The Arc of Baltimore Treatment Foster Care</u>	Baltimore County	DHR	MF	N/A	Private Treatment Foster Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>The Arrow Project Treatment Foster Care</u>	Baltimore County	DHR	MF	N/A	Private Treatment Foster Care Program	critical need in the lives of struggling children. Our social workers apply family systems and attachment theory, working with foster parents to develop treatment strategies based on respect and empathy for the child, and on continually supporting the foster parents as they extend themselves on behalf of the children. This foundation increases the effectiveness of the other clinical and therapeutic interventions that may be needed. The Arrow Treatment Foster Care Program will serve special needs children in a home based, community setting. The Arrow Treatment Foster Care Program recruits, trains, licenses and supports treatment families to provide structured services to children. Children are carefully matched with each family by examining the dynamics of the treatment foster home, the skills of the foster family, the characteristics of the family and child, and the behaviors of the child being placed. While in the home, children and families are provided with intensive case management services, therapy, medication administration, and 24 hour crisis intervention (via on-call). Case managers are required to have weekly contact with children and families, with two contacts per month in the foster family's home. Finally, Arrow Treatment Foster Care Program encourages biological family involvement, when appropriate and contributes to the further development of the child's permanency planning. TFC provides individualized community based treatment and rehabilitation services to emotionally disturbed and behaviorally challenged children and adolescents. TFC provides individualized community based
<u>The Children's Home, Inc. - Treatment Foster Care</u>	Baltimore County	DHR	MF	40	Private Treatment Foster Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Treatment Foster Care</u>	Baltimore County	DHR	MF	27	Private Treatment Foster Care Program	placement in a secure and nurturing home of a trained treatment foster care parent. Intensive case management is provided by a licensed social worker. The Treatment Foster Care Program for the Board of Child Care uses a team approach in order to give the type of care that a special needs, emotionally disturbed child needs. The team consists of treatment foster parents, a case worker, therapist, and psychiatrist. We are available 24/7 and have the resources to support the foster parents to meet the child's needs. If the child is experiencing a psychiatric emergency we have an on grounds psychiatrist to perform an evaluation. We are currently able to meet with the child twice a week in order to assist with an appropriate adjustment. This approach has helped deter disruptions in the home. Woodbourne is one of the five oldest child welfare organizations in the United States, serving children since 1798. Woodbourne Treatment Foster Care is a community-based treatment modality serving youth with various degrees of emotional disturbances. Services are provided by specially trained foster parents. The program provides crisis intervention, 24-hour on-call, therapeutic case management services and supportive services to all youth in care. The youth are matched with a family and treatment worker to provide the best quality of care as outlined in the treatment plan. Treatment Foster Care is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Ten bed short-term structured shelter program for boys ages 12-18 referred exclusively by DJS for stays of up to 90 days.
<u>Woodbourne Treatment Foster Care (TFC) GUIDE</u>	Baltimore County	DHR	MF	N/A	Private Treatment Foster Care Program	
<u>Catonsville Structured</u>	Baltimore County	DJS	M	10	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Shelter</u>						<p>The program provides 24/7 supervision and care, an on-site MSDE approved short-term education program (Type III), community service activities, supervised recreational and cultural activities, substance abuse screening and education, and an afternoon self-enhancement curriculum which includes topics such as conflict resolution, anger management, social skills, personal health and hygiene, and introduction to job readiness concepts. The emphasis of the program is on supervision, education, restorative justice strategies, and access to health care and emotional support while the youth is awaiting a more permanent living situation.</p> <p>Karma at Randallstown is a Residential Child Care Program, licensed by the Department of Juvenile Services and funded by the Maryland Department of Education as a Diagnostic Evaluation/Treatment Program providing a short term, residential program for adolescent boys between the ages of 14 and 18, at time of admission. The typical length of stay is between 6-9 months, depending upon specific problems and ability to locate long term placement. Boys with sexually-related issues may require the longer length of stay. The primary focus is on assessment, the development of a treatment plan, and the implementation of a working behavior change program through strong positive peer pressure model, multi-family group sessions, individual and family sessions.</p> <p>TRIAD House is an eight bed therapeutic group home for adolescent males ages 12-17. Based in Prince Frederick, the program provides comprehensive clinical and residential services to boys who are</p>
<u>Karma at Randallstown</u>	Baltimore County	DJS	M	8	Private Residential Child Care Program	
<u>TRIAD TGH</u>	Calvert County	DHMH: OHCQ	M	8	Therapeutic Group Home	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Benedictine Lane</u>	Caroline County	DHR	M	3	Private Residential Child Care Program	Profile not available.
<u>Oakland Avenue Carroll Hospital Center Acute Psychiatric-Adolescent</u>	Carroll County	DHR	M	3	Private Residential Child Care Program	Profile not available.
<u>Sykesville Girl's Shelter</u>	Carroll County	DHMH: OHCQ	MF	12	Acute Psychiatric Hospitalization	Sykesville Girl's Shelter provides a staff-secure, stabilizing, protective and nurturing environment for female youths. The shelter is designed to meet the specific needs of at-risk youths who are court-involved or in need of temporary out of the home services. The shelter supports youth in need of stabilization

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Thomas B. O'Farrell Youth Center</u>	Carroll County	DJS	M	43 53	Private Residential Child Care Program	or temporary housing in a highly structured, staff-secure setting. The Thomas O'Farrell Youth Center provides a residential treatment program for adjudicated young men, ages 13 to 18 with a capacity of 43 residents. This six to nine month program is designed to be therapeutic, offering a safe and stable living environment of dignity, respect and integrity. Each youth is challenged emotionally and physically to achieve goals that he helps set for himself in education, community participation, treatment and within the restorative justice model. Youth are eligible to return to the community after completing the three phase program.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	M	6	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Shorehaven, Inc.</u>	Cecil County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	5 bed community-based Group Home.
<u>Lighthouse TGH</u>	Charles County	DHMH: OHCQ	F	8	Therapeutic Group Home	Therapeutic group home serving 8 females ages 12-17 experiencing moderate to severe behavioral and emotional problems at home, school, or the community. Comprehensive clinical and residential services include individual, group, and family therapy; educational and vocational support; and recreational opportunities. The treatment team (residents, parents, and professionals) develops systems based individualized treatment goals promoting growth and responsibility. Family preservation/reunification is the focus whenever possible. Located in Charles County, the therapeutic group home program is the most structured component of the continuum of residential programs operated by AFYF.
<u>Structures Youth Home - Boys</u>	Charles County	DHR	M	8	Private Residential Child Care Program	SYH is a residential, therapeutic small group home serving the needs of at-risk youth who need a higher level of care than foster care can provide. SYH utilizes a very structured program of care, and behavior modification program, focusing on 'thinking errors' that cause most of the behaviors seen in youth.
<u>Structures Youth Home - Girls</u>	Charles County	DHR	F	7	Private Residential Child Care Program	SYH is a small residential, therapeutic group home serving the needs of at-risk youth who need a higher level of care than foster care can provide. SYH utilizes a very structured program of care, and a behavior modification



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Foundations for Home and Community, Inc. - Treatment Foster Care Program</u>	Charles County	DHR	MF	N/A	Private Treatment Foster Care Program	<p>program that focuses on 'thinking errors', respect for authority figures and accountability for actions.</p> <p>A community-based treatment care program for youth requiring specialized services and have been unsuccessful or are inappropriate for traditional foster care. Together with staff Case Managers/Social Workers licensed in Maryland, specially trained parents are an integral part of the treatment team. Services include school advocacy, respite care, medication management, family counseling, independent living skills, aftercare planning, and referrals for individual therapy, group therapy, physical and dental examinations and other services delineated in the treatment plan. A consulting psychiatrist is also available. Foundations can place an unlimited amount of children.</p>
<u>Potomac Ridge Behavioral Health- Chesapeake Unit</u>	Dorchester County	DHMH: OHCQ	MF		Acute Psychiatric Hospitalization	<p>Profile not available.</p>
<u>Linkwood Girls Home</u>	Dorchester County	DJS	F	8	Private Residential Child Care Program	<p>The Linkwood Group Home is operated by Maple Shade Youth &amp; Family Services, Inc. Our home is located in Linkwood, Maryland, and licensed through DJS. We serve adolescent girls with emotional problems. Our staff maintains a safe, therapeutic atmosphere for girls addressing their emotional problems. We maintain a working relationship with the local mental health agency and our own Mental Health Clinic. Through individual, group, and family therapy, our clients are able to explore their problems and grow in a positive manner. Our girls stay</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>VisionQuest Morning Star Youth Academy</u>	Dorchester County	DJS	MF	52	Private Residential Child Care Program	<p>an average of 10 months and then return to their families with a more stable outlook on life, or may progress to our Treatment Foster Care Program.</p> <p>VisionQuest Morning Star Youth Academy is a 52 bed, long-term residential (6-9 month) program that provides education and treatment services for at-risk young men ages 14-18 (13 yr old must turn 14 while in program) with behavioral and psycho-social concerns, including substance abuse. The program is designed to address both the current presenting problems of the youth along with the underlying issues that have led to maladaptive behaviors. The goal is to establish the youth on a more positive, pro-social path that will lead to maturation into successful adulthood. The academy's substance abuse treatment approach involves a multi-phase therapeutic process that works first on establishing a foundation of trust, self-knowledge and positive values, and then works specifically on drug and alcohol issues. The programming combines VisionQuest's innovative adolescent treatment philosophy with current best practices within the substance abuse treatment field. VisionQuest's treatment philosophy blends widely-accepted evidence-based clinical practices with adventure-based experiential learning and ethical/spiritual healing ceremonies based on American Indian traditions. This blending of modalities creates a powerful, whole-person approach that reaches young people at the level of mind, body, &amp; spirit to create deep &amp; lasting change. Profile not available.</p>
<u>Catoctin Summit Adolescent</u>	Frederick County	DHMH: OHCQ	MF	25	ASAM Level III.3 (American	

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<b>Provider Name Program</b>	<b>Provider Jurisdiction</b>	<b>Licensing Agency</b>	<b>Gender(s) Accepted</b>	<b>License Capacity</b>	<b>Provider Type</b>	<b>Program Description (from provider profile in SCYFIS)</b>
<u>The Jefferson School</u>	Frederick County	DHMH: OHCQ	MF	50	Society of Addiction Medicine) Residential Treatment Center	closed  The program is an 8 bed, 7 day/week, 24 hour/day recreational based respite program. Planned and crisis stays are available. The program offers a safe and therapeutic environment with a staff:youth ration of > 1:4. Youth participate in structured group and individual recreational activities designed to provide skill development in the areas of self- care, productivity, and leisure so that they may learn to function safely in their home, school, and community environments. To qualify, youth must be 11-17 years of age, have an axis I DSM IV diagnosis, be currently active in therapy, and have a permanent living situation or a confirmed plan for permanent placement. Profile not available.
<u>Camp Journey Respite Program</u>	Frederick County	DHR	MF	8	Private Residential Child Care Program Private Residential Child Care Program	Profile not available.
<u>Maryland school for deaf ii</u>	Frederick County	DHR	MF			Our Mission The mission of the Maryland Sheriffs' Youth Ranch (MSYR) is to provide disadvantaged and "at risk" youth with guidance and support in a healthy, safe and supportive residential setting, accompanied by caring staff and counselors, to assist them in becoming productive members of society. Company Profile We are licensed by the State of Maryland Department of Human Resources/Social Services Administration. Residents are referred by their local Department of Social Services. They come from families who have been troubled by drug or alcohol abuse, mental illness, poverty,
<u>Maryland Sheriffs' Youth Ranch</u>	Frederick County	DHR	MF	28	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Mt. Airy Shelter - 15302 Liberty Rd - Mt. Airy</u>	Frederick County	DHR	MF	6	Private Residential Child Care Program	incarceration, abandonment, abuse, neglect, or family crisis. The idea of a youth ranch came from the Maryland Sheriffs' Association over 25 years ago. Concerned law enforcement officers envisioned a program designed to help at-risk youth. Their goal was to prevent delinquency caused by an unstable home life. Shelter care for acutely and chronically traumatized males demonstrating behavioral and emotional disturbance. Sixty day program for youth who can be maintained in an open setting. Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, transitional education and Level V non-public school, service/discharge planning. Treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, Unit based MSW Social Worker as part of Social Services Department (approved Mental Health Administration as an Outpatient Mental Health Clinic), Trained Child Care Professionals, Chaplain, and Therapeutic Recreation. Profile not available.
<u>Way Station</u>	Frederick County	DHR	MF	8	Private Residential Child Care Program	
				50		
<u>Salem Group Home</u>	Garrett County	DHR	MF	32	Private Residential Child Care Program	The Maryland Salem Children's Trust, on a 380-acre farm nestled in the mountains of Western Maryland, provides a home, family, counseling, and education to children 6-18 who have been abused, neglected, and abandoned.
<u>The Salem Shelter</u>	Garrett County	DHR	MF	8	Private Residential Child	The Salem Shelter, part of The Maryland Salem Children's Trust, is located on 380-

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
					Care Program	acre farm nestled in the mountains of Western Maryland. It provides a nurturing and highly structured environment for children in crisis, working to restore hope, order, control and a sense of responsibility to every child. Long-term group home placement is available. Profile not available.
<u>Mid Atlantic Human Services Corp.</u>	Harford County	DHMH: DDA	MF	2	Community Residential Program-- Alternative Living Unit (ALU)	REM Maryland provides residential services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems. Services and supports are provided 365 days per year, 24 hours per day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staffing allows for 2 on at all peak times and 1 awake staff with supervision and counseling from a Program Director and Program Coordinator. The program emphasizes life skills, social, emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educational services and transitional services. Case management services, in conjunction with other local agencies, is provided through a team approach, recognizing that these dually diagnosed clients have needs for assessment and services that cross traditional disciplinary fields.
<u>REM Maryland - ALU 1 - Joppa</u>	Harford County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	Inner County Outreach (ICO) is a residential program located in Harford County to provide services to male adolescents ages thirteen to
<u>Inner County Outreach- Edgewood</u>	Harford County	DHR	M	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Inner County Outreach-Overlea</u>	Harford County	DHR	M	6	Private Residential Child Care Program	<p>twenty-one. The program provides twenty-four hour supervision to adolescents who may have a history of failed placements and who have experienced various psychological/psychiatric experiences, including hospitalizations. The ICO program believes in the team approach and will incorporate all pertinent persons in the treatment process especially parents. ICO will accept adolescents with history of behavioral problems, aggressive behaviors, developmental disorders, and other emotional disorders. The adolescents within the ICO program will have a individualized treatment plan developed by the treatment team and will focus on the adolescents strengths, interest and needs. This will be the focus in an effort to assist the adolescents with growth and success. The ICO staff composition will include a Chief Executive Officer who will oversee the contractual compliance of the program, a Social Worker Clinical who will ensure that the adolescents treatment is coordinated with the facility as well as within the community, a Child Care Worker Supervisor who will supervise the day to day operations of the facility and well as specialized counselors who will be responsible for the continued implementation of the adolescents treatment plan. Inner County Outreach (ICO) is a residential program located in Baltimore County to provide services to male adolescents ages thirteen to twenty-one. The program provides twenty-four hour supervision to adolescents who may have a history of failed placements and who have experienced various psychological/psychiatric experiences,</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>The Arrow Project Transitional Living Program</u>	Harford County	DHR	F	18	Private Residential Child Care Program	<p>including hospitalizations. The ICO program believes in the team approach and will incorporate all pertinent persons in the treatment process especially parents. ICO will accept adolescents with history of behavioral problems, aggressive behaviors, developmental disorders, and other emotional disorders. The adolescents within the ICO program will have a individualized treatment plan developed by the treatment team and will focus on the adolescents strengths, interest and needs. This will be the focus in an effort to assist the adolescents with growth and success. The ICO staff composition will include a Chief Executive Officer who will oversee the contractual compliance of the program, a Social Worker Clinical who will ensure that the adolescents treatment is coordinated with the facility as well as within the community, a Child Care Worker Supervisor who will supervise the day to day operations of the facility and well as specialized counselors who will be responsible for the continued implementation of the adolescents treatment plan.</p> <p>The Transitional Life program will consist of both group home living and apartment living. The apartments will be used as a “step-down” from group home living, allowing the females to experience apartment living, while still maintaining intensive contact and supervision from the program staff. The females will receive 24-hour supervision, provided by a 4:1 resident/staff ratio. All housing, nutritional, medical, educational, therapeutic, and recreational needs will be arranged for residents; however, the program will focus on preparing children for their increasing</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Center for Family Services, HOPE Program (Abingdon)</u>	Harford County	DHR	MF	14	Private Treatment Foster Care Program	<p>responsibilities. All residents will be enrolled in a public school, GED program, or vocational training while developing attainable goals and objectives for their vocational futures. Residents will also further develop their basic life skills by assisting with household chores, preparing meals, and completing a personal hygiene routine. Individual and group therapy will be provided by a licensed mental health professional. Social skills and recreational needs will be enhanced by activities prepared by a Recreation Assistant.</p> <p>Center for Family Services' HOPE Program provides comprehensive case management and service coordination for 14 medically fragile infants, children and adolescents in therapeutic foster homes. This program will serve clients with serious and life-threatening conditions, including HIV/AIDS, Shaken Baby Syndrome, Cerebral Palsy, prematurity, Prenatal drug exposure, Developmental Delays, and respiratory and feeding conditions, among others. The needs of the children include those that require technical machinery and 24-hour care. The aim of this program is to provide comprehensive medical and therapeutic services in a family setting that promotes normalization. HOPE will provide structured homes, trained foster parents, and 24-hour coverage with a licensed social worker to coordinate all medical, therapy and psychological services through a team approach. Additionally, the program values biological family involvement and actively includes the biological family in treatment planning and reunification efforts.</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Center for Family Services- Treatment Foster Care- TFC (Abingdon)</u>	Harford County	DHR	MF	82	Private Treatment Foster Care Program	The primary purpose of a treatment foster care program is to provide community based treatment services within a therapeutic foster family environment to high risk, emotionally disturbed and traumatized children. Our program is dedicated to serving children and their families with in a cultural context. Each child is placed with a trained family that teaches and models appropriate behavior and promotes healing. The program facilitates permanency planning, focusing on reunification. In the event reunification is not possible, continued contact between children and kinship members is facilitated so that youth maintain a sense of connection with family/home community.
<u>Center for Family Services- Therapeutic Alternative Shelter Care- MISC</u>	Harford County	DHR	MF	4	Private Treatment Foster Care Program	Therapeutic Alternative Shelter Care (TASC) provides sheltered treatment foster care for four youth who are a part of the juvenile justice system, between the ages of 9 and 18, live in Harford County/Baltimore County-East, and who need a temporary placement while awaiting DJS court hearings. Placed in individual family settings, each youth will receive close supervision and a coordinated set of services tailored to meet his/her needs. Four-Six licensed treatment homes (plus a respite home) will be specifically selected, trained and maintained to exclusively accommodate TASC.
<u>The Arc Northern Chesapeake region/Treatment Foster Care</u>	Harford County	DHR	MF	40	Private Treatment Foster Care Program	The Arc Northern Chesapeake Region will admit to the treatment foster care program children between the ages of birth to twenty-one who are in need of specialized services due to mental retardation, developmental delays, behavior challenges, mood disorders, depression, autism, ADD/ADHD, speech/language delays, vision or hearing

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Creative Options, Inc. Youth Services Division- Stevens Forest</u>	Howard County	DHMH: DDA	F	2	Community Residential Program-- Alternative Living Unit (ALU)	<p>loss, HIV/Aids, and other medical disorders.</p> <p>This program provides residential services to youth and young adults ages 17-21 years who are developmentally disabled, dually diagnosed (mental retardation and developmental disabilities) emotional disabilities with 24 hr supervised housing, behavioral management, psychiatric support, management of symptoms as they relate to chronic mental illness, medication administration, social and leisure skill development, life skill raining. The environments are highly structured with daily activities. Staff are trained to address the needs of this population of adolescents and youth adults.</p> <p>Services and supports are provided 365 days a year 24 hours a day in single family homes with spacious yards in residential communities with access to transportation, shopping, schools, work, recreation and medical services. Our staff allows for 2 on at all peak times and 1 awake night staff with supervision and counseling from a program Coordinator and a Program Director (QDDP). We provide services to transitioning youth whose primary disabilities are mental retardation and severe behavioral and/or emotional problems, The program ephasizes life skills, social emotional development and behavioral controls, leisure time skills, individual and family counseling, and coordination with educationa services and transitioning services.</p> <p>Profile not available.</p>
<u>REM Maryland - GHS 4 - Sheerock</u>	Howard County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	
<u>Secure Care Services, Inc.</u>	Howard County	DHMH: DDA	M	4	Community Residential Program--Group	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type Home (GH)	Program Description (from provider profile in SCYFIS)
<u>Dulaney House</u>	Howard County	DHMH: OHCQ	F	8	Therapeutic Group Home	<p>Mosaic Community Services Therapeutic Group Home Program is designed to promote age appropriate adaptive living skills in female adolescents aged 12-18, who have demonstrated a significant history of disruptive behaviors in various areas of functioning including home, school, and community. The treatment programming incorporates a developmental and a bio-psychosocial model that stresses identification and remediation of developmental deficits as well as attention to the normative developmental needs of adolescent girls. The incorporation of personal responsibility and self-sufficiency, enhancement of mastery and self-esteem, and development of interpersonal and affect management skills are accomplished through a combination of treatment approaches. The treatment modalities employed include individual and group instruction, counseling, milieu interventions and therapies, psychotropic medication, occupational and recreational guidance, and programming. Treatment services are delivered in the context of the continuum of mental health care offered by Mosaic Community Services, Inc., and the Sheppard Pratt Health System. Mosaic provides 24-hour care and supervision in a structured, supportive, and protective environment where treatment interventions can be offered with the goals of developing adaptive functioning and successful re-entry of the adolescent into her family or community.</p> <p>Mosaic Community Services Therapeutic</p>
<u>Mosaic House I</u>	Howard	DHMH:	M	6	Therapeutic	

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Provider Name	Provider Jurisdiction County	Licensing Agency OHCQ	Gender(s) Accepted	License Capacity	Provider Type Group Home	Program Description (from provider profile in SCYFIS)
<u>Mosaic House II</u>	Howard County	DHMH: OHCQ	M	6	Therapeutic Group Home	<p>Group Home Program is designed to promote age appropriate adaptive living skills in male adolescents aged 12-18, who have demonstrated a significant history of disruptive behaviors in various areas of functioning including home, school, and community. The treatment programming incorporates a developmental and a bio-psychosocial model that stresses identification and remediation of developmental deficits as well as attention to the normative developmental needs of adolescent boys. The incorporation of personal responsibility and self-sufficiency, enhancement of mastery and self-esteem, and development of interpersonal and affect management skills are accomplished through a combination of treatment approaches. The treatment modalities employed include individual and group instruction, counseling, milieu interventions and therapies, psychotropic medication, occupational and recreational guidance, and programming. Treatment services are delivered in the context of the continuum of mental health care offered by Mosaic Community Services, Inc., and the Sheppard Pratt Health System. Mosaic provides 24-hour care and supervision in a structured, supportive, and protective environment where treatment interventions can be offered with the goals of developing adaptive functioning and successful re-entry of the adolescent into his family or community.</p> <p>Mosaic Community Services Therapeutic Group Home Program is designed to promote age appropriate adaptive living skills in male adolescents aged 12-18, who have</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Clinton Home for Children, Inc.</u>	Howard County	DHR	M	4	Private Residential Child Care Program	<p>demonstrated a significant history of disruptive behaviors in various areas of functioning including home, school, and community. The treatment programming incorporates a developmental and a bio-psychosocial model that stresses identification and remediation of developmental deficits as well as attention to the normative developmental needs of adolescent boys. The incorporation of personal responsibility and self-sufficiency, enhancement of mastery and self-esteem, and development of interpersonal and affect management skills are accomplished through a combination of treatment approaches. The treatment modalities employed include individual and group instruction, counseling, milieu interventions and therapies, psychotropic medication, occupational and recreational guidance, and programming. Treatment services are delivered in the context of the continuum of mental health care offered by Mosaic Community Services, Inc., and the Sheppard Pratt Health System. Mosaic provides 24-hour care and supervision in a structured, supportive, and protective environment where treatment interventions can be offered with the goals of developing adaptive functioning and successful re-entry of the adolescent into his family or community.</p> <p>Embracing a philosophy that affirms the ultimate quality and dignity of life for all children, through professional, skilled and compassionate care, the Clinton Home for Children will strive to provide a stable and supportive home-like environment. We are committed to ensuring the highest quality</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Linwood Center, Inc.</u>	Howard County	DHR	MF	20	Private Residential Child Care Program	<p>residential care. Our interdisciplinary team is carefully selected to meet the challenges of youth placed in our program, including, but not limited to, their medical, physical, psychological, social, and spiritual growth and development. The children will be educated through the public school system, unless otherwise indicated. The Clinton Home for Children will collaborate with teachers, therapists and all persons involved in educational planning. Frequent communication will be maintained to ensure residents are progressing to reach their maximum potential. Childcare staff will assist residents with homework, school projects activities of daily living, and social skills, encouraging optimal independence. To the extent possible, residents' family and/or legal custodian will be encouraged to become actively involved in the care and future planning for residents, as appropriate to the service plans. In keeping with the goal of the Clinton Home for Children, we will strive to enable all residents to develop their maximum individual capabilities, for a lifetime of learning, and for responsible, productive participation in a diverse and changing society.</p> <p>Linwood Center's residential programs consist of a dormitory and two single family dwellings. The dormitory and one of the homes are located on the campus of our school. The other home is located about two miles from campus. Our dormitory houses our 5-day program - Monday morning through Friday afternoon. All children go home on weekends, holidays and school closings. Our two homes house our 7-day program, which operate 24/7</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Linwood Center, Inc.</u>	Howard County	DHR	MF	4	Private Residential Child Care Program	- 365 days per year.  Linwood Center's residential programs consist of a dormitory and two single family dwellings. The dormitory and one of the homes are located on the campus of our school. The other home is located about two miles from campus. Our dormitory houses our 5-day program - Monday morning through Friday afternoon. All children go home on weekends, holidays and school closings. Our two homes house our 7-day program, which operate 24/7 - 365 days per year. Profile not available.
<u>Maryland school for deaf: i</u>	Howard County	DHR	MF		Private Residential Child Care Program	This program provides intensive 24-hour residential supervision to male and female adolescents and young adults diagnosed with multiple emotional, intellectual and other limitations that preclude their living in their natural homes. Many have been the victims of parental neglect, abuse, or abandonment, and may have been involved with sexual abuse as perpetrators and/or victims. Oppositional/defiant disorder, conduct disorder, ADHD, substance abuse, and learning disorders are some of the defining characteristics of the population. Services include 24-hour awake supervision, medication monitoring, and liaison with local education authorities. Starflight provides a rich and varied program of activities designed to promote community integration, e.g. attendance at cultural events such as concerts, plays and dance recitals, professional sports activities including Ravens games, local and out-of-state recreational
<u>Starflight -Quiet Hours</u>	Howard County	DHR	MF	5	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Baptist Family &amp; Children's Services</u>	Howard County	DHR	MF	60	Private Treatment Foster Care Program	<p>parks and activities, youth leadership development institutes, formal tea parties for the females, and sports park and athletic activities for males and females. In addition, Starflight provides its youth with ongoing education to develop and enhance life skills such as conflict resolution workshops through psychodrama, and workshops on social skills development, sex education, and STD and AIDS education. Some of these activities have been approved by the LEA for fulfillment of community service hours needed for graduation.</p> <p>CHOSEN is a treatment foster care program providing specialized treatment homes for children, ages birth to twenty one years old, with special needs.</p> <p>KidsPeace Foster Care and Family Services provides foster family-based treatment for children and youth with behavioral and emotional challenges. Through the power of families and supported by highly skilled and professional staff, youth receive individualized treatment that builds upon their strengths. Acquiring the skills and attitudes that foster resilience and permanence is an important goal for every youth in our program.</p>
<u>KidsPeace National Centers Foster Care and Family Services of Maryland</u>	Howard County	DHR	MF	40	Private Treatment Foster Care Program	<p>KidsPeace FCFS is committed to giving hope, help and healing to children facing crisis. This is a community-based program that provides therapeutic foster care services to children as an alternative to placement in a residential facility. Children served are those up to age 18 who may be mildly to moderately emotionally disturbed and whose behavior cannot be managed in a regular home but whose needs can best be met within a family setting. Staff licenses Teaching Homes and</p>
<u>Phillips Teaching Homes</u>	Howard County	DHR	MF	20	Private Treatment Foster Care Program	<p>whose needs can best be met within a family setting. Staff licenses Teaching Homes and</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Kent Youth Boys Group Home</u>	Kent County	DJS	M	10	Private Residential Child Care Program	<p>trains Teaching Parents to utilize behavior management and to teach social skills to the foster children placed in their homes. Staff provides on-going support, consultation, and training to Teaching Parents and is available to them "24/7".</p> <p>The group home is an alternative between supervised probation and institutional placement. Kent Youth is a community-based facility, utilizing services available in the community such as public schools, drug/alcohol education/treatment and mental health and medical facilities and programs. Services provided within the group home include individual and family counseling, educational support, pro-social and life skills education, crisis intervention and recreational activities. Youth participate in a behavioral treatment approach in which a Level System with clear-cut behavioral expectations and positive and negative consequences play a central role. Aftercare and follow-up services are available for youth who successfully complete the program.</p> <p>Youth Residential Services is a flexible, 24 hr./day, 365 days/yr. program. Each child's specific program is designed by the child's family, others who know the child well, a case manager, MCPS personnel, CSS staff members, and expert consultants. Residential services emphasizes the development of a full range of life skills.</p>
<u>Community Support Services</u>	Montgomery County	DHMH: DDA	MF	2	Community Residential Program-- Alternative Living Unit (ALU)	<p>Youth Residential Services is a flexible, 24 hr./day, 365 days/yr. program. Each child's specific program is designed by the child's family, others who know the child well, a case manager, MCPS personnel, CSS staff members, and expert consultants. Residential</p>
<u>Community Support Services</u>	Montgomery County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>Youth Residential Services is a flexible, 24 hr./day, 365 days/yr. program. Each child's specific program is designed by the child's family, others who know the child well, a case manager, MCPS personnel, CSS staff members, and expert consultants. Residential</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Community Support Services, Inc.</u>	Montgomery County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	services emphasizes the development of a full range of life skills. Youth Residential Services is a flexible, 24 hr./day, 365 days/yr. program. Each child's specific program is designed by the child's family, others who know the child well, a case manager, MCPS personnel, CSS staff members, and expert consultants. Residential services emphasizes the development of a full range of life skills.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Alternative Living Unit (ALU) Community Residential Program-- Alternative Living Unit (ALU)	disorders.  CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>CSAAC</u>	Montgomery County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	CSAAC provides a range of services to persons with autism, autism spectrum disorders and other pervasive developmental disorders.
<u>Kourtney' Place</u>	Montgomery County	DHMH: DDA	F	5	Community Residential Program-- Alternative Living Unit (ALU)	Hebron Association, Inc. in Montgomery County is a non-profit organization that provides short and long term quality care for children and youth with developmental disabilities, medical and other special needs. Services enable families to enhance their quality of life. Hebron Association provides a warm, safe, home-style atmosphere 7 days a week, 24 hours a day residential care to children and youth. The mission is to provide quality, holistic family and health services, promote respect, dignity and self esteem. ALU Residential, Family and Individual Support Services, Services for developmentally disabled children 365 days a year, 7 days a week. Respite and Emergency Services. One on one supervision to be adapted to the needs of each individual.
<u>The Brotherhood and Sisterhood International, Inc. (The Development Institute Group Home)</u>	Montgomery County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	Qualified professionals will provide the lead in each child's individualized service plan. BSI serves children that are mentally retarded with dual diagnosed with mental illness and conduct disorder with family disconnection problems. We provide residential services thru 3 alternative living units which limits the capacity to 3 individuals per home.
<u>The Brotherhood and Sisterhood International, Inc. (The Development Institute Group</u>	Montgomery County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Home, ALU #2)</u>						
<u>Philomen's Place</u>	Montgomery County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	Hebron Association, Inc. in Montgomery County is a non-profit organization that provides short and long term quality care for children and youth with developmental disabilities, medical and other special needs. Services enable families to enhance their quality of life. Hebron Association provides a warm, safe, home-style atmosphere 7 days a week, 24 hours a day residential care to children and youth. The mission is to provide quality, holistic family and health services, promote respect, dignity and self esteem.
<u>United Alternative Care</u>	Montgomery County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	United Alternative Care Associates, Inc. is an agency in the state of Maryland. It is a community-based residential program. United Alternative Care's mission is to provide 24-hour-per-day care and supervision, to assist the individuals it serves to develop the skills, attitudes, behaviors, confidence and to build self-esteem they need to become as independent as possible.
<u>CSAAC</u>	Montgomery County	DHMH: OHCQ	M	3	Community Residential Program--Alternative Living Unit (ALU)	Profile not available.
<u>Potomac Ridge Behavioral Health Regional Institute for Children &amp; Adolescents-Rockville</u>	Montgomery County	DHMH: OHCQ	MF	88	Treatment Center	Profile not available.

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Muncaster Mill TGH/ Hearts &amp; Homes for Youth</u>	Montgomery County	DHMH: OHCQ	M	7	Therapeutic Group Home	A community-based therapeutic residential program for 7 adolescent males between the ages of 13 and 17. The program provides a structured, therapeutic living environment to learn appropriate self control strategies effective relationship-building skills and proper group interaction. In addition, the residents acquire basic living skills such as personal hygiene, social skills, money management and employment skills. The clients are assigned a case manager and receive individual and group therapy, as well as family therapy within the program. Each resident also receives psychiatric services on site at least monthly. Our program also provides educational advocacy and social skills development on an age appropriate level. Our program also provides wrap around medical care and medical referrals as appropriate. A high level of structure and supervision is provided for all youth while in the program. Potomac Ridge Cottage at N. Potomac, located at 14713 Latakia Place, N. Potomac, MD 20878, is an eight-bed community-based therapeutic group home for adolescents ages twelve to seventeen (and if therapeutically advantageous, can remain at the TGH until age 21). The program offers adolescents a safe, supportive environment in a community setting where residents can focus on goals of emotional stability and independence. The program coordinates a variety of treatment models in conjunction with community supports and resources.
<u>Potomac Ridge Cottage at N. Potomac</u>	Montgomery County	DHMH: OHCQ	MF	8	Therapeutic Group Home	Potomac Ridge Cottage at Rockville, located at 16412 Kipling Road, Derwood, MD 20855, is an eight-bed community-based therapeutic group home for adolescents ages twelve to
<u>Potomac Ridge Cottage at Rockville</u>	Montgomery County	DHMH: OHCQ	MF	8	Therapeutic Group Home	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Redl House</u>	Montgomery County	DHMH: OHCQ	M	7	Therapeutic Group Home	<p>seventeen (and if therapeutically advantages, can remain at the TGH until age 21). The program offers adolescents a safe, supportive environment in a community setting where residents can focus on goals of emotional stability and independence. The program coordinates a variety of treatment models in conjunction with community supports. Redl house TGH provides intensive therapeutic services in a community based setting for latency aged boys (6-12 years old). Our clients have history of abuse and neglect and present with emotional disturbances. Clients are referred through DSS and DJS. The program provides individual and group therapy weekly on-site by the full time clinical social worker. Family therapy is available to all clients where appropriate. Each resident receives psychiatric services on site at least monthly. Redl House provides educational advocacy, social skills development, medication monitoring, and comprehensive medical care through referrals to community resources. The program provides a high level of supervision and structured therapeutic recreation for all youth.</p> <p>This is a semi-supervised, apartment based transitional independent living program designed to assist youth ages 16-21 with histories of abuse, neglect and victimization, acquire the skills necessary to become self sufficient and live independently within the community. Through case management services, youth are assisted in the areas of employment, budgeting, social/recreation, health and hygiene, education/vocation, and community living.</p>
<u>Futurebound Independent Living Program</u>	Montgomery County	DHR	MF	15	Private Independent Living Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>B&amp;B Youth Homes, Inc.</u>	Montgomery County	DHR	F	4	Private Residential Child Care Program	<p>B&amp;B Youth Homes, Inc., (located in Hyattsville and Silver Spring, MD) for girls is accessible to public transportation by bus, Metro stations and Marc Train Station. The residence serves as a home for girls, ages 13-19 years old with emotional problems and learning disabilities. We provide residential care, basic needs, nurturing, art therapy, tutoring, onsite therapy, counseling, health care development, life skills training, therapeutic care, behavioral modification, educational embracement, guidance, love, self-esteem and self-respect reinforcement, recreational activities, cultural activities, proper etiquitte, and good household habits on a 24 hour, seven days a week basis in a family like setting. We make sure our residents receive care, management, proper mental counseling and physical support. We promote family interaction and work towards reuniting girls with their families.</p> <p>Caithness is a 60 day, co-ed facility for adjudicated, abused, neglected and runaway youth between the ages of 12-18. The goal of the program is to provide a safe, secure and stable environment to our youth as transition to a more permanent setting. Caithness achieves stability and structure through a daily house schedule, a daily point system, and case management. Each youth participates in a psychosocial assessment and receives individual and group therapy. Family therapy is offered as appropriate. Youth attend school in the community. All staff are trained and available for immediate crisis intervention and post incident processing.</p>
<u>Caithness Shelter Home</u>	Montgomery County	DHR	MF	14	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Colesville Siblings Group Home - 54 Randolph Rd - Colesville</u>	Montgomery County	DHR	MF	8	Private Residential Child Care Program	<p>This small group home is for acutely and chronically traumatized male and female siblings, demonstrating behavioral and emotional disturbance, serves siblings ages 7 - 18, who can be maintained in a community setting. Excellent local public school system. Psychotherapeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, service/discharge planning to foster movement toward less restrictive setting. Treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, MSW Social Services Department (approved by Mental Hygiene Administration as an Outpatient Mental Health Clinic), trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>This is a residential facility for boys ranging in age from ten to fifteen years of age. We provide a warm home environment for boys who have been traumatized. These traumatic experiences were usually caused by unstable, disruptive, and confusing lifestyles. We employ qualified individuals with the required certification as specified by the State of Maryland. Continuing the education and training of the staff is the standard of this program in promoting the state-of-the-art treatment and care for our young boys.</p>
<u>F &amp; N Youth Home, Inc.</u>	Montgomery County	DHR	M	5	Private Residential Child Care Program	<p>The Greentree Adolescent Program (GAP), founded in 1976, provides 24-hour residential care to adolescents from all over the State of Maryland with long-standing family problems and histories of abuse and/or neglect.</p>
<u>Greentree Adolescent Program</u>	Montgomery County	DHR	MF	20	Private Residential Child Care Program	<p>Through specialized treatment, GAP addresses their educational, medical, mental health, spiritual, recreational, and social</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Helen Smith Girls</u>	Montgomery County	DHR	F	8	Private Residential Child Care Program	<p>needs. The goal of GAP is to help youth transition within 9 to 12 months into family settings with their biological family, a foster family, or supervised independent living apartments in the community as stable, functioning young adults. GAP teaches four core values: respect, responsibility, relationships and integrity through behavior management, mental health therapy and education.</p> <p>Helen Smith is a community based residential program for eight females between the ages of 13-18. The program utilizes a phase system to afford the residents an opportunity to learn appropriate self-control strategies, effective relationship-building skills and proper group interaction. In addition, the residents acquire basic living skills such as personal hygiene, social skills, money management and employment skills. The residents are assigned a case manager and clients are able to receive mental health services such as individual, group and family therapy.</p> <p>John C. Tracey Group Home is a community based program for 8 males ranging in ages from 13-18. It is designed to serve youth in need of a home-like setting environment as an alternative to institutionalization. The program is operated through a behavior modification system implemented by counselors providing 24-hour supervision. The resident attends to accredited educational program. Each has the opportunity to learn independent living skills, as well as self control strategies, relationship building awareness and proper group interaction. Each will participate in individual and group sessions and family counseling is</p>
<u>John C. Tracey Group Home</u>	Montgomery County	DHR	M	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS) provided.
<u>Kemp Mill Group Home National Residential Services</u>	Montgomery County	DHR	M	8	Private Residential Child Care Program	Kemp Mills is aimed at providing a long term (1-5 yr.) community residential placement to male adolescents aged 13-18. The program provides a structured environment which is staffed by counselors that provide a warm, supportive climate in which a child can grow and learn. Each client is assigned a case manager and are able to receive mental health services such as individual, group and family therapy.
<u>Our House Youth Home</u>	Montgomery County	DHR	M	16	Private Residential Child Care Program	Group Home situated 4415 Snady Spring Rod, Burtonsville, MD 20866. It is a 2.67 acre property licensed for 8 boys. Our House is a residential job training center that teaches at-risk adolescent males building trades "On the job" 8 hrs/day 5 days/week on construction projects. Sunday through Thursday evenings on site, the students attend GED tutorial classes, life skills training, & group therapy on site, also AA/NA meetings off site on Friday evening. 1/week they have individual counseling, do community service, recreation, field trips, cultural & social events. The Little Lodge Group Home is an eight bed home for boys and girls ages twelve to seventeen located at 16412 Kipling Road, Derwood MD 20855. The treatment program emphasizes problem solving and communication to give the tools for successful return to families and communities. Experienced staff provides atmosphere which residents can achieve therapeutic goals. Many treatment modalities are utilizing in conjunction with community support services. These services remain in place after adolescent returns home.
<u>Potomac Ridge Behavioral Health</u>	Montgomery County	DHR	MF	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Karma Academy for Boys</u>	Montgomery County	DJS	M	13 120	Private Residential Child Care Program	Karma Academy for Boys is a Residential Child Care Program licensed by the Department of Juvenile Services and funded by the Maryland Department of Education as a Diagnostic Evaluation/Treatment Program, providing a short term to medium length residential program for adolescent boys between the ages of 14 and 18, at time of admission. The typical length of stay is 12-18 months, depending upon behavior problem. boys with sexually-oriented issues tend to require the longer length of stay. The primary focus is on behavior change through strong positive peer pressure model, multi-family group counseling, individual and family counseling using a variation on the therapeutic community model. Additionally, life skills and wilderness challenge opportunities are important for program success.
<u>Family Ties Treatment Foster Care</u>	Montgomery County	DHR	MF	24	Private Treatment Foster Care Program	Family Ties, serves youth ages 0-21, is a dynamic family and community based program for Maryland youths whose needs require intensive care and treatment outside of their own homes. The program provides comprehensive, individualized services implemented by a team of professionals and trained families. Service plans are designed to enable youths to live successfully in family and community settings. Program components include: professional foster parents who are requested to complete 27 hours of pre-licensed training and 20 hours in-service training annually. Weekly/Bi-Weekly clinical case management with state licensed social workers. Coordination of treatment planning with professions including therapist,

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Greenleaf Treatment Foster Care</u>	Montgomery County	DHR	MF	30	Private Treatment Foster Care Program	psychiatrist, and school personnel. Weekend respite care. Preparation for each youth to return to birth family, adoption, or independent living. The Greenleaf Treatment Foster Care and Adoption Services Program (GTFC), provides temporary family care for children with mental health disabilities, ages 6 to 21, who need a stable home.
<u>Brotherhood and Sisterhood international, Inc. (The Development Institute Group Home)</u>	Prince George's County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	ALU Residential, Family and Individual Support Services for developmentally disabled children 365 days a year, 7 days a week. Respite and emergency services. One on one supervision to be adapted to the needs of each individual. Qualified professionals will provide the lead in each child's individualized service plan.
<u>First Metropolitan Facilities Inc</u>	Prince George's County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 12-16 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and services that addresses the child's strengths, barriers/needs, and preferences. Children/Adolescents served at this site have a diagnosis of Severe Mental Retardation/Developmental Disabilities and autism.
<u>Holy Care Foundation, Inc.</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program--	This is an Alternative Living Unit (3 homes) licensed by DHMH to provide a homelike environment for children between the age of

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
					Alternative Living Unit (ALU)	10-18 with severe emotional, behavioral and developmental disabilities. The homes will provide a highly structured, well-supervised living arrangement conducive for growth and enhancement of each resident's social, emotional and life skills. The group homes will provide case management, mental health services, social skill training, behavior modification, group and individual therapy etc. This is an Alternative Living Unit (ALU) licensed by DHMH to provide a homelike environment for children between the ages of 10-18 with severe emotional, behavioral and developmental disabilities. Holy Care provide a highly structured, well-supervised living arrangement conducive for growth and enhancement of each resident's social, emotional and life skills. The ALU provides case management, mental health services, social skill training, behavior modification, group and individual therapy etc. This is an Alternative Living Unit (ALU) licensed by DHMH to provide a homelike environment for children/youth between the ages of 10-18 with severe emotional, behavioral and developmental disabilities. Holy care provides highly structured, well-supervised living arrangement conducive for growth and enhance of each resident's social, emotional and life skills development. The ALU provides case management, mental health services, social skill training, behavior management, group and individual therapy etc.
<u>Holy Care Group Home, Inc.</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	This is an Alternative Living Unit (ALU) licensed by DHMH to provide a homelike environment for children between the ages of 10-18 with severe emotional, behavioral and developmental disabilities. Holy care provides highly structured, well-supervised living arrangement conducive for growth and enhance of each resident's social, emotional and life skills development. The ALU provides case management, mental health services, social skill training, behavior management, group and individual therapy etc.
<u>Holy Care Group Home, Inc.</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	LifeLine is a community based residential program for children between the ages of 1-21 who are medically fragile technology dependent. LifeLine's personalized care
<u>LifeLine, Inc.</u>	Prince George's County	DHMH: DDA	M	3	Community Residential Program-- Alternative Living Unit (ALU)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type Unit (ALU)	Program Description (from provider profile in SCYFIS)
<u>LifeLine, Inc.</u>	Prince George's County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>includes a well-developed dietary plan supervised by a licensed dietician. We provide daily assistance with such task as bathing, dressing, incontinence management and monitoring of medication. Specialized services are given around the clock by certified staff, including licensed nurses. LifeLine provides respite care. This service offers families and individuals residential support after surgery, an injury, illness or in the event of being hospitalized. Families can also utilize the service for taking vacations or simply when family members just need a short break. LifeLine, Inc. will offer continuity of care to include an adult program that will allow the child to transition to the adult system without leaving his home. We are concurrently working with the Developmental Disabilities Administration (DDA), to develop an array of residential, community and medical support services that will allow the children in our program to enter the adult system without disruption to their lives.</p> <p>LifeLine is a community based residential program for children between the ages of 1-21 who are medically fragile technology dependent. LifeLine's personalized care includes a well-developed dietary plan supervised by a licensed dietician. We provide daily assistance with such task as bathing, dressing, incontinence management and monitoring of medication. Specialized services are given around the clock by certified staff, including licensed nurses. LifeLine provides respite care. This service offers families and individuals residential support after surgery, an injury, illness or in the event of being hospitalized. Families can</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>LifeLine, Inc.</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>also utilize the service for taking vacations or simply when family members just need a short break. LifeLine, Inc. will offer continuity of care to include an adult program that will allow the child to transition to the adult system without leaving his home. We are concurrently working with the Developmental Disabilities Administration (DDA), to develop an array of residential, community and medical support services that will allow the children in our program to enter the adult system without disruption to their lives.</p> <p>LifeLine is a community based residential program for children between the ages of 1-21 who are medically fragile technology dependent. LifeLine's personalized care includes a well-developed dietary plan supervised by a licensed dietician. We provide daily assistance with such task as bathing, dressing, incontinence management and monitoring of medication. Specialized services are given around the clock by certified staff, including licensed nurses. LifeLine provides respite care. This service offers families and individuals residential support after surgery, an injury, illness or in the event of being hospitalized. Families can also utilize the service for taking vacations or simply when family members just need a short break. LifeLine, Inc. will offer continuity of care to include an adult program that will allow the child to transition to the adult system without leaving his home. We are concurrently working with the Developmental Disabilities Administration (DDA), to develop an array of residential, community and medical support services that will allow the children in our program to enter the adult system without</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Family, Inc. Medically Fragile Program - 1010</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>disruption to their lives.</p> <p>A Community based Residential Child Care Program. Its' primary goal is to provide a safe, long-term, least restrictive living environment to children with exceptional needs, and where feasible facilitate the return of children to their families or legal guardians. The program serves children between the ages of newborn to 21 from various Maryland Departments of Social Services. The children served are severely medically fragile, are technology dependent, have developmental disabilities and/or mental retardation. The children live in a newly constructed single-family home where licensed medical staff and certified Nursing Assistants attend to their needs.</p> <p>A Community based Residential Child Care Program. Its' primary goal is to provide a safe, long-term, least restrictive living environment to children with exceptional needs, and where feasible facilitate the return of children to their families or legal guardians. The program serves children between the ages of newborn to 21 from various Maryland Departments of Social Services. The children served are severely medically fragile, are technology dependent, have developmental disabilities and/or mental retardation. The children live in a newly constructed single-family home where licensed medical staff and certified Nursing Assistants attend to their needs.</p>
<u>Second Family, Inc. Medically Fragile Program - 1015</u>	Prince George's County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	<p>A Special Group Home facility with extreme professionalism. Well-trained workers, Clean environment. Equipped with computers for child usage. Particular emphases on each child development. Special assistance to each child to gain training on various technologies</p>
<u>Boykin Place</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Cis &amp; H</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	to gain independence to fit well in society.  A Special Group Home facility with extreme professionalism. Well-trained workers, Clean environment. Equipped with computers for child usage. Particular emphases on each child development. Special assistance to each child to gain training on various technologies to gain independence to fit well in society. This is a private licensed child care residential program incorporated in the state of Maryland to provide housing and case management services for children and youth with severe mental retardation and emotional disturbances. The mission and philosophy of Comfort Homes, Inc. is to provide children and youth the equal rights and opportunities to be productive citizens in the community.
<u>Comfort Homes Inc.</u>	Prince George's County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 9-13 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and services that addresses the child's strengths, barriers/needs, and preferences.
<u>FIRST METROPOLITAN FACILITIES INC</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	Children/Adolescents served at this site have a diagnosis of Moderate Mental Retardation/Developmental Disabilities.
<u>First Metropolitan Facilities Inc</u>	Prince George's County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 11-15 years old in

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
					Home (GH)	<p>Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and services that addresses the child's strengths, barriers/needs, and preferences. Children/Adolescents served at this site have a diagnosis of Moderate Mental Retardation/Developmental Disabilities and autism</p> <p>First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 12-16 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and serves that addresses the child's strengths, barriers/needs, and preferences. Children/Adolescents served at this site have a diagnosis of Moderate Mental Retardation/Developmental Disabilities and autism.</p>
<u>First Metropolitan Facilities Incorporated</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	<p>First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 12-16 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and serves that addresses the child's strengths, barriers/needs, and preferences. Children/Adolescents served at this site have a diagnosis of Moderate Mental Retardation/Developmental Disabilities and autism.</p> <p>First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 12-16 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works</p>
<u>First Metropolitan Facilities Incorporated</u>	Prince George's County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	<p>First Metropolitan Facilities Inc. is a residential provider serving children and adolescents males ages between 12-16 years old in Prince Georges County, Maryland. Where possible, First Metropolitan Facilities works</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Holy Care Group Home</u>	Prince George's County	DHMH: DDA	MF	6	Community Residential Program--Group Home (GH)	<p>closely with the Social Workers to establish reunification plans for the children and adolescents placed with FMFI. FMFI works closely with the child's multidisciplinary team which includes a team of licensed professionals of psychologists, nurses, social workers and other specialty professionals to provide supports and services that addresses the child's strengths, barriers/needs, and preferences. Children/Adolescents served at this site have a diagnosis of Moderate Mental Retardation/Developmental Disabilities. This is a Group Home, licensed by DHMH to provide a homelike environment for children between the age of 10-18 with severe emotional, behavioral and developmental disabilities. The homes will provide a highly structured, well-supervised living arrangement conducive for growth and enhancement of each resident's social, emotional and life skills. The group homes will provide case management, mental health services, social skill training, behavior modification, group and individual therapy etc.</p> <p>A Special Group Home facility with extreme professionalism. Well-trained workers, Clean environment. Equipped with computers for child usage. Particular emphases on each child development. Special assistance to each child to gain training on various technologies to gain independence to fit well in society. Mapa Homes is a group home licensed by DHMH-DDA to provide a homelike environment for children between the ages of 13 – 17 with moderate to pervasive developmental disabilities. The group home will provide a highly structured, well-supervised living arrangement conducive for</p>
<u>Manchester Drive</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	
<u>MAPA Homes, Inc.</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>National Children's Center</u>	Prince George's County	DHMH: DDA	MF	6	Community Residential Program--Group Home (GH)	<p>growth and enhancement of each resident's social, emotional and life skills. The group home will provide case management, social skill training, behavior modification, group and individual therapy etc</p> <p>The National Children's Center is a private, non-profit organization that has provided services to individuals with developmental disabilities for fifty years in the District of Columbia and, more recently, in Maryland. Our mission is to provide a lifetime of opportunities for people in our community with developmental disabilities to live full, meaningful, and productive lives. Our services benefit more than 600 individuals in Early Intervention, Special Education, Residential, Adult Day, and Employment Options Programs. Our Residential Programs includes group homes, assisted living, and independent living arrangements. "Stepping Stone" is a group home located in Lewisdale, Maryland, that provides services and supports in a home like environment for adolescents with Mental Retardation and/or Autism. This five bedroom home is located on a corner lot with a large fenced yard in a quiet, well established neighborhood. This home is near public transportation, shopping, restaurants, a bowling alley, and a swimming pool that offer opportunities for community participation. Two to three staff are on site during awake hours to provide guidance, supervision, and foster choice in daily living, social and recreational skills. Additionally, two awake staff are on site during the night. National Children's Center employs professional staff including nurses, physicians, psychologists, and nutritionists to promote good health and provide behavioral</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Pollyanna's Place (Family Solutions)</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	<p>support.</p> <p>This is a private child care residential program incorporated in the State of Maryland to provide habilitation and Case Management Services to children with developmental disabilities. Our mission is to empower children to achieve their potential for independence and productivity while furthering their integration into society. This model also recognizes the potential for development in each child and makes use of a progression of tasks and experiences to positively effect his/her cognitive and adaptive behavior. The rehabilitative environment will be one where the consumer's quality of life is in tune with a "normal" family home. Inclusive of all the emotional and clinical supportive systems. Habilitative programs will be adapted to meet each child's physical, social, emotional and communicative needs. Staff will work with the children towards enabling them to understand the value of community involvement and integration.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well</p>
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	<p>as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	5	Community Residential Program--Group Home (GH)	<p>to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with</p>
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	MF	4	Community Residential Program--Group Home (GH)	<p>to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	<p>consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	<p>many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special</p>
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	MF	4	Community Residential Program--Group Home (GH)	<p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	3	Community Residential Program--Group Home (GH)	<p>needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	M	4	Community Residential Program--Group Home (GH)	<p>team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS) summarized quarterly.
<u>Second Chance Services Unlimited, Inc.</u>	Prince George's County	DHMH: DDA	MF	5	Community Residential Program--Group Home (GH)	<p>The Medically Fragile Children's Program at Second Chance Services Unlimited, Inc. provides medical, supportive treatment, and continuous monitoring of children with special needs. SCSU believes that every child with special needs has the right to live in a supportive home environment that increases their ability to thrive, offers an opportunity for learning and provides a good relationship with consistent direct care staff. This program provides comprehensive medical attention, life skills training, psychosocial assessments and therapeutic intervention. We also provide twenty-four hour a-wake supervision as well as a highly structured treatment milieu. A team of professionals to include a registered nurse, program coordinator, and program administrator meet monthly to review each child's progress and to offer a strong support system to help the children cope with the many changes in their life. The families of the program participants are able to interact as indicated by the court and take part in the development of their children's treatment plan. Information from the team is conveyed to the referring agency each month and summarized quarterly.</p> <p>A Community based Residential Child Care Program. Its' primary goal is to provide a safe, long-term, least restrictive living environment to children with exceptional needs, and where feasible facilitate the return of children to their families or legal guardians. The program serves children between the ages of newborn to 21 from various Maryland Departments of Social Services. The children served are</p>
<u>Second Family, Inc. - Medically Fragile Program - 1008</u>	Prince George's County	DHMH: DDA	MF	5	Community Residential Program--Group Home (GH)	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Second Family, Inc. Developmental Disability Program - 1006</u>	Prince George's County	DHMH: DDA	M	6	Community Residential Program--Group Home (GH)	severely medically fragile, are technology dependent, have developmental disabilities and/or mental retardation. The children live in a newly constructed single-family home where licensed medical staff and certified Nursing Assistants attend to their needs. This is a Community Based Residential Child Care Program. Its' primary goal is to provide a safe, long-term, least restrictive living environment to children with exceptional needs, and where feasible facilitate the return of children to their families or legal guardians. The program serves children between the ages of 1 year to 21 years from various Maryland Departments of Social Services. The children served have autism, behavior and emotional challenges, developmental disabilities and/or mental retardation. The children live in a newly constructed single-family home where childcare workers and licensed medical staff attend to their needs. This is a Community Based Residential Program. Its' primary goal is to provide a safe, long term, least restrictive living environment to children with exceptional needs, and where feasible facilitate the return of children to their families or legal guardians. The program serves children between the ages of 3 years to 14 years from various Maryland Departments of Social Services. The children served have autism, behavior and emotional challenges, developmental disabilities and/or mental retardation. The children live in a newly constructed single-family home where childcare workers and licensed medical staff attend to their needs.
<u>Second Family, Inc. Developmental Disability Program - 1009</u>	Prince George's County	DHMH: DDA	F	5	Community Residential Program--Group Home (GH)	United Alternative Care Associates, Inc. is an agency in the state of Maryland. It is a
<u>United Alternative Care Assoc., Inc.</u>	Prince George's	DHMH: DDA	M	5	Community Residential	

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Provider Name	Provider Jurisdiction County	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Regional Institute for Children &amp; Adolescents-Southern MD.</u>	Prince George's County	DHMH: OHCQ	MF	40	Residential Treatment Center	community-based residential program. United Alternative Care's mission is to provide 24-hour-per-day care and supervision, to assist the individuals it serves to develop the skills, attitudes, behaviors, confidence and to build self-esteem they need to become as independent as possible. Profile not available.
<u>ALL THAT MATTERS, INC. FOUNDATION</u>	Prince George's County	DHMH: OHCQ	F	6	Therapeutic Group Home	Six bed TGH for teenaged girls. The youth can expect therapeutic services managed by a LCSW-C, case management by a social worker, medication management and psychiatric evaluations by a board certified psychiatrist and day to day medication monitoring by a licensed RN. The TGH will provide services to meet all medical, mental, dental and life skills in a home like environment. The youth can expect mentors that develop activities centered around the treatment plans and a variety of psycho-educational groups. The educational goals will be met utilizing the IEPs and by advocating appropriate placement.
<u>ALL THAT MATTERS, INC. FOUNDATION</u>	Prince George's County	DHMH: OHCQ	M	8	Therapeutic Group Home	Eight bed TGH for teenaged boys. The youth can expect therapeutic services managed by a LCSW-C, case management by a social worker, medication management and psychiatric evaluations by a board certified psychiatrist and day to day medication monitoring by a licensed RN. The TGH will provide services to meet all medical, mental, dental and life skills in a home like environment. The youth can expect mentors that develop activities centered around the treatment plans and a variety of psycho-

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Guide Therapeutic Group Home</u>	Prince George's County	DHMH: OHCQ	M	6	Therapeutic Group Home	<p>educational groups. The educational goals will be met utilizing the IEPs and by advocating appropriate placement.</p> <p>Community-based therapeutic group home program serving emotionally disturbed males ages 13-18. This is a long term program with average lengths of stay from 9-12 months. Longer stays are possible, when indicated. The program provides 24 hour/7 day a week supervision by residential counselors, case management, supervised recreational activities, training in daily living skills, tutoring, community service and job placement services. Residents attend public schools or private special education schools according to their educational needs. Therapy services include individual, group and family therapy provided by Master's level licensed mental health professionals. Psychiatric evaluations, consultation and medication prescription and review are provided by a licensed psychiatrist. Staff monitor residents' self administration of medication, including psychotropic medications.</p> <p>ADS offers a Supervised Independent Living Care Program designed to serve youth (male, female and teen parents) 16-21, who are referred by Departments of Social Services and require assistance in adequately preparing for self-sufficiency. We provide levels of supervision, guidance and care that are consistently individualized, assessment based, goal directed and growth inducing. Additionally, we offer intensive bi-lingual case management services; a comprehensive life skills competency development program; a job development, training and placement component; modern, fully furnished garden</p>
<u>Alpha Development Systems, Inc.</u>	Prince George's County	DHR	MF	20	Private Independent Living Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Catholic Charities - Independent Living Program</u>	Prince George's County	DHR	MF		Private Independent Living Program	apartment homes; and a generous weekly monetary allotment for assistance with food, transportation, incidentals, etc. Lastly, residents are exposed to a significant amount of advocacy, attention, praise and encouragement. This program offers foster care youth an opportunity to live in the community and prepare for adulthood with agency support. This program will provide youth ages 16-21 an opportunity to learn and practice independent living skills to assist in the transition from foster care to successful adult living. ILP services include assistance with housing, education, employment as well as support for rent, food, clothing, transportation and personal needs. Licensed social workers are available 24 hours a day to provide case management, guidance, support and independent living skills training.
<u>Kindness House</u>	Prince George's County	DHR	MF	10	Private Independent Living Program	Kindness House has the resources and ability to effectively administer and operate a 24-hour community-based independent living facility for at-risk youth. The ages would range between 16 to 21 years of age. A 24-hour operation is composed of two staff persons on duty during peak hours and one staff person on during off-peak hours. Clinical services provided such as: Individual Case Management, Individual Psychotherapy, and Psychological/Psychiatric Evaluation and or Treatment.
<u>Starting Over</u>	Prince George's County	DHR	MF	14	Private Independent Living Program	Starting Over is an independent living program for motivated young adults, ages 16-21. Housing consists of a fully furnished two bedroom apartment. Two individuals are assigned to each apartment and all apartments are located in the community. All



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Transition Living Services, Inc - Supervised Independent Living Program</u>	Prince George's County	DHR	MF	20	Private Independent Living Program	<p>residents are supported by a case manager whom provides guidance and support, weekly case management, a monthly grocery stipend, a quarterly clothing allowance and assistance with a wide range of life skills issues. Starting Over uses the Casey Lifeskills Curriculum to provide initial assessments as well as living skill activities which are individualized for the resident. Currently living arrangements for the program are located in the New Carrollton and Bladensburg communities.</p> <p>Supervised Independent Living Program with a mission to develop the core skills of foster care youth through knowledge, guidance, and resources to prepare for independence and success in education, vocation, employment, savings/credit, housing, life skills, health and socialization. TLS provides: Furnished 1 or 2 bedroom or efficiency apartments statewide with target areas in Montgomery, PG and Anne Arundel Counties; Daily supervision with Resident Monitors; Bi-weekly case management with LGSW/LCSW Social Workers; Support services and referrals to achieve treatment goals; Weekly food &amp; transportation allowance; Monthly clothing allowance; Monthly life skills classes; Monthly cultural events</p> <p>Umbrella Therapeutic Services, Inc, currently provides 24 hours a day, 7 days a week housing, life skills and, adult independent living training to young women and men placed by local social service agencies in the State of Maryland. We operate an Independent Living Program that implements a single unit and room-mate style life skills residential treatment program delivered by a</p>
<u>Umbrella Therapeutic Services, Inc.</u>	Prince George's County	DHR	MF	20	Private Independent Living Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>All That Matters Inc.</u>	Prince George's County	DHR	F	8	Private Residential Child Care Program	multi-disciplinary team linked with other interagency resources for clients 18-21 years of age. Clients are put into real life situations and are supported by staff. The program's basis is "with the end in mind". Through case management services, base on their Individual Service Plan (ISP), Umbrella provides, job training/placement, financial training/budgeting skills, formal and informal counseling, permanency planning, development of individual goals, health education, social and cultural exposure, mentoring activities, meal preparation training, referrals to other service providers, a safe and nurturing environment, transportation assistance (per ISP) and daily guidance to lead them to independence and survival.
<u>B&amp;B Youth Homes, I and II</u>	Prince George's County	DHR	F	6	Private Residential Child Care Program	B&B Youth Homes, Inc., (located in Hyattsville and Silver Spring, MD) for girls is accessible to public transportation by bus, Metro stations and Marc Train Station. The residence serves as a home for girls, ages 13-19 years old with emotional problems and learning disabilities. We provide residential care, basic needs, nurturing, art therapy, tutoring, onsite therapy, counseling, health care development, life skills training, therapeutic care, behavioral modification, educational embracement, guidance, love, self-esteem and self-respect reinforcement, recreational activities, cultural activities, proper etiquette, and good household habits on a 24 hour, seven days a week basis in a family like setting. We make sure our residents receive care, management, proper

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Bishop-Bush Homecare</u>	Prince George's County	DHR	M	4	Private Residential Child Care Program	<p>mental counseling and physical support. We promote family interaction and work towards reuniting girls with their families.</p> <p>Bishop-Bush Homecare is a small group home environment which provides basic care in a family-like atmosphere blended with behavioral management and clinical treatment services to comprise a strong therapeutic milieu. Our structured supervised program addresses the physical, social, emotional, educational, and therapeutic needs of each individual client. We service a client population of males, aged 13-16, with an IQ of 70 or above.</p>
<u>Boyz II Men Youth Program, Inc.</u>	Prince George's County	DHR	M	5	Private Residential Child Care Program	<p>Boyz II Men Youth Program, Inc. is a community based residential program that offers care and services 24 hours 7 days a week in a safe and comfortable environment to adolescent boys ages 13 to 16 years old. We approach our service provisions with a sensitivity and awareness to cultural and ethnic differences. Our goals are to assist our residents in positive life decisions and help them become responsible for their own lives.</p> <p>Boyz II Men Youth Program, Inc. is a community based residential group home that offers care and services 24 hrs 7 days a week in a safe and comfortable environment to adolescent boys ages 13 to 16 years old. We approach our service provisions with a sensitivity and awareness to cultural and ethnic differences. Our goals are to assist our residents in positive life decisions and help them become responsible for their lives.</p>
<u>Boyz II Men Youth Program, Inc.</u>	Prince George's County	DHR	M	5	Private Residential Child Care Program	<p>Our 24-hour residential community-based group homes are designed for adolescents age 12-17 with significant functional impairment, but who are capable of engaging</p>
<u>For Youth Enterprise, Inc.</u>	Prince George's County	DHR	M	10	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>House of NYMA - Bowie</u>	Prince George's County	DHR	M	3	Private Residential Child Care Program	in community-based activities. Our staff is comprised of professional child-care workers. The House of NYMA is a non-profit organization that caters to the specific needs of 3 males ranging in ages 14-17. The population to be served, will be males who experience disruptive behavior, depressive disorder, and emotionally disturbed. Our highly trained and qualified staff will have 24hour interaction with the residents. Our motivation will be to develop an daily independent living structure. This structure will include cooking, cleaning, washing, and shopping. Our daily activities will include school, stress management tools, coping skills, anger management training, and study skills enhancement. We will implement a scheduled day, at least once a week for family visitation at the House of NYMA. Services Provided Long term placement 6 months to a year or whatever it takes to successfully achieve reunification or transitional living arrangements. 24 hour care and supervision provided by administrators, professional counselors, social workers, interns, and volunteers. Mentoring and Individual Counseling provided by experienced counselors on a one-on-one basis with youth both in the facility and community. Counseling will occur in a non-threatening, natural environment with the resident, which would include involvement in activities with peers. It is during these enactment's, that the counselor will assist the youth with conflict management, interpersonal issues, and family relations.
<u>House of NYMA - Largo</u>	Prince George's	DHR	M	3	Private Residential Child	The House of NYMA is a non-profit organization that caters to the specific needs

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Provider Name	Provider Jurisdiction County	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type Care Program	Program Description (from provider profile in SCYFIS)
<u>LAFU I - Youth Home for Boys, Inc.</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	<p>of 3 males ranging in ages 14-17. The population to be served, will be males who experience disruptive behavior, depressive disorder, and emotionally disturbed. Our highly trained and qualified staff will have 24hour interaction with the residents. Our motivation will be to develop an daily independent living structure. This structure will include cooking, cleaning, washing, and shopping. Our daily activities will include school, stress management tools, coping skills, anger management training, and study skills enhancement. We will implement a scheduled day, at least once a week for family visitation at the House of NYMA. Services Provided Long term placement 6 months to a year or whatever it takes to successfully achieve reunification or transitional living arrangements. 24 hour care and supervision provided by administrators, professional counselors, social workers, interns, and volunteers. Mentoring and Individual Counseling provided by experienced counselors on a one-on-one basis with youth both in the facility and community. Counseling will occur in a non-threatening, natural environment with the resident, which would include involvement in activities with peers. It is during these enactment's, that the counselor will assist the youth with conflict management, interpersonal issues, and family relations.</p> <p>LAFU Youth Home for Boys, Inc., is located at 4311 Cimmarron Lane, Fort Washington, Maryland 20774 in Prince George's County. The home is accessible to public transportation by the many bus connections leading to the Allentown Bus Corridor. The</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>LaFu II - Youth Homes for Boys, Inc.</u>	Prince George's County	DHR	M	7	Private Residential Child Care Program	<p>residence serves as a professionally run therapeutic foster home for young men, ages 13-17 years old, with emotional problems and learning disabilities. The mission of LAFU Youth Home for Boys is to enhance the lives of young men of today through the orientation of a solid social foundation and a myriad of programs designed to provide love, nurturing, affection, counseling, educational embracement, skills training, leadership training, high self-esteem and self-respect reinforcement, health care development, fundamental quality household habits, positive social direction, responsibility and discipline to equip them with the tools needed to become successful men of the future. The home is open on a 24 hour, seven-day week basis in a family setting. We also promote family interaction and ensure that our residents receive the requisite care, management, mental counseling and physical support</p> <p>LAFU II - Youth Home for Boys, Inc., is located at 6826 Middlefield Terrace, Fort Washington, Maryland 20774 in Prince George's County. The home is accessible to public transportation by the many bus connections leading to the Allentown Bus Corridor. The residence serves as a professionally run therapeutic foster home for young men, ages 13-17 years old, with emotional problems and learning disabilities. The mission of LAFU Youth Home for Boys is to enhance the lives of young men of today through the orientation of a solid social foundation and a myriad of programs designed to provide love, nurturing, affection, counseling, educational embracement, skills training, leadership training, high self-esteem</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Langworthy House</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	<p>and self-respect reinforcement, health care development, fundamental quality household habits, positive social direction, responsibility and discipline to equip them with the tools needed to become successful men of the future. The home is open on a 24 hour, seven-day week basis in a family setting. We also promote family interaction and ensure that our residents receive the requisite care, management, mental counseling and physical support.</p> <p>Langworthy Group Home is a community based program for eight males ranging in age from 13 to 18. It is designed to serve youth in need of a home-like setting environment as an alternative to institutionalization. The program is operated through a behavior modification system implemented by counselors providing 24-hour supervision. The resident attends to accredited educational program. Each has the opportunity to learn independent living skills, as well as self control strategies, relationship building awareness and proper group interaction. Each will participate in individual and group sessions and family counseling is provided.</p> <p>MFP operates residential group care facilities for adolescents to provide a family-like atmosphere coupled with strong therapeutic milieu components. The milieu is facilitated by community meetings, therapeutic recreation and a behavior management program with incentives for the resident to achieve goals in accordance with an individual treatment plan, which is developed by program staff, resident, family and significant others. Residents receive clinical therapies and substance</p>
<u>Mansion at Focus Point ii</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Mansion at focus point iii</u>	Prince George's County	DHR	F	8	Private Residential Child Care Program	<p>abuse services designated to meet the needs of residents for guidance, learning and personal development.</p> <p>MFP operates residential group care facilities for adolescents that provide a family-like atmosphere coupled with strong therapeutic milieu components. The milieu is facilitated by community meetings, therapeutic recreation and a behavior management program with incentives for the resident to achieve goals in accordance with an individual treatment plan, which is developed by program staff, resident, family and significant others. Residents receive clinical therapies and substance abuse services designated to meet the needs of residents for guidance, learning and personal development.</p> <p>MFP operates residential group care facilities for adolescents that provide a family-like atmosphere coupled with strong therapeutic milieu components. The milieu is facilitated by community meetings, therapeutic recreation and a behavior management program with incentives for the resident to achieve goals in accordance with an individual treatment plan, which is developed by program staff, resident, family and significant others. Residents receive clinical therapies and substance abuse services designated to meet the needs of residents for guidance, learning and personal development.</p>
<u>Mansion at focus point: i</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	<p>abuse services designated to meet the needs of residents for guidance, learning and personal development.</p> <p>Our Primary goal is to facilitate emotional healing and growth, physical health, promote healthy development, social personal, interpersonal, basic education, restorative independent living skills and vocational pursuit. We strive to promote skill development, community socialization and</p>
<u>Marsha House of Angels (MHOA)</u>	Prince George's County	DHR	F	7	Private Residential Child Care Program	<p>abuse services designated to meet the needs of residents for guidance, learning and personal development.</p>



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Master Porter, Inc.</u>	Prince George's County	DHR	M	5	Private Residential Child Care Program	<p>personal development through love, discipline, and training.</p> <p>Master Porter, Inc.(MPI) is a small group home for boys, ages 13-17.MPI is licensed for 5 boys and the group home offers structured daily activities, individual &amp; group therapy, family therapy and 24-hours per day supervision. Each resident at the program will be afforded an individualized assessment to include, medical, psychological, social, educational and emotional. Life skill training will be the hallmark of MPI.</p> <p>Mercy Family Care is a small group home licensed by SSA/DHR to provide homelike environment to six boys, ages 13-17. Many of the children in our group home may have the following behavioral disorders:-Oppositional Defiant, Depressive disorder, attention deficit, hyperactivity, conduct disorder, school truancy, anger management problems, and other emotional disabilities. The program will program residents with behavioral modification techniques, individualized service plan, recreational and social activities, family and individual therapy and medication management. Mercy Family Care will work with children and their families in a comfortable community setting.</p>
<u>Mercy Family Care, Inc</u>	Prince George's County	DHR	M	6	Private Residential Child Care Program	<p>Female adolescent group home serving ages 14-18. Programs assists residents with daily living skills and teaches independent living skills to prepare youth for adulthood.</p>
<u>My Sister's House National Residential Services St. Ann's Residential Children's</u>	Prince George's County	DHR	F	5	Private Residential Child Care Program	<p>Residential Group Home situated at 11103 Cherry Hill Road, Beltsville, MD 20705 in Prince George County.</p>
	Prince George's County	DHR	M	6	Private Residential Child Care Program	<p>Program provides comprehensive short-term residential care to infants and children up to 12 years of age, including sibling groups, who</p>
	Prince George's County	DHR	MF	57	Private Residential Child Care Program	

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<u>Provider Name</u> <u>Program</u>	<u>Provider</u> <u>Jurisdiction</u>	<u>Licensing</u> <u>Agency</u>	<u>Gender(s)</u> <u>Accepted</u>	<u>License</u> <u>Capacity</u>	<u>Provider Type</u>	<u>Program Description (from provider profile</u> <u>in SCYFIS)</u>
<u>St. Ann's</u> <u>Residential</u> <u>Prenatal Program</u>	Prince George's County	DHR	F	52	Private Residential Child Care Program	are in crisis as a result of neglect or abuse. A range of diagnostic and assesment services are provided to meet the physical, emotional, psychological and developmental needs of children during their placement. The program provides pregnant teens 13-18 years of age with 24-hour comprehensive residential care. Residents attend on-site state accredited secondary school and receive support services including prenatal care, childbirth preparation, individual, group and family counseling, learn parenting and independent living skills while developing an improved sense of self-worth. 24-hour nursing care, and childcare provided for newborns while moms attend school. Postpartum teen mothers are able to transition directly into our long-term Teen Mother/Baby Program. Mother/Baby Program provides 24-hour comprehensive residential care to parenting teens between the ages of 15 and 18 and their child. Residents attend on-site state accredited secondary school and receive support services including group, individual and family counseling, learn parenting and independent living skills while developing an improved sense of self-worth. There is 24-hour nursing care and day care for infants as well as schedule recreational activities.
<u>St. Ann's</u> <u>Residential Teen</u> <u>Mother/Baby</u> <u>Program</u>	Prince George's County	DHR	F	52	Private Residential Child Care Program	Trimir Home for Children & Families operates two structured group homes in Lanham, Maryland. The homes are known as Trimir I & II. Both homes are located in culturally diversified, residential communities with families, children, and youth of all ages. This home is known as Trimir I, which is located at 6504 Westview lane Lanham, Maryland. Through a comprehensive and tailored
<u>Trimir Home for</u> <u>Children &amp;</u> <u>families</u>	Prince George's County	DHR	M	6	Private Residential Child Care Program	

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Trimir Home for Children and Families II</u>	Prince George's County	DHR	M	7	Private Residential Child Care Program	<p>residential approach, Trimir I serves male adolescents ages ranging from 14-18 who have histories of victimization including, sexual, physical, and emotional abuse, exploitation, abandonment and neglect, to assist them in reintegrating into the community as stable functioning individuals. Trimir I provides a family-style living arrangements for our youths. The use of such a living pattern allows for supplementation of the family experience, which is lacking in the backgrounds of a vast majority of our youths. Our adolescent attends neighborhood schools and we further provide education tutorial service Trimir I provides a structured plan of care. Clinical groups are held weekly to focus on the residents' emotional well being. Our home therapist facilitates weekly individual sessions. Trimir I residents participate in social, cultural and recreational activities. The youth have input during family meetings in regards to planning appropriate recreation and leisure activities. Trimir I encourages the residents to find a balance of the mind, body &amp; soul</p> <p>Trimir Home for Children &amp; Families operates two structured group homes in Lanham, Maryland. The homes are known as Trimir I &amp; II. Both homes are located in culturally diversified, residential communities with families, children, and youth of all ages. This home is known as Trimir II which is located at 7007 Woodside dr. Lanham, Maryland. Through a comprehensive and tailored residential approach, Trimir II serves male adolescents ages ranging from 14-17 who have histories of victimization including, sexual, physical, and emotional abuse,</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Trinity Youth Services</u>	Prince George's County	DHR	M	6	Private Residential Child Care Program	<p>exploitation, abandonment and neglect, to assist them in reintegrating into the community as stable functioning individuals. Trimir Home II provides a family-style living arrangements for our youths. The use of such a living pattern allows for supplementation of the family experience, which is lacking in the backgrounds of a vast majority of our youths. Our adolescent attends neighborhood schools and we further provide education tutorial service Trimir Home II provides a structured plan of care. Clinical groups are held weekly to focus on the residents' emotional well being. Our home therapist facilitates weekly individual sessions. Trimir residents participate in social, cultural and recreational activities. The youth have input during family meetings in regards to planning appropriate recreation and leisure activities. Trimir encourages the residents to find a balance of the mind, body &amp; soul.</p> <p>Trinity Youth Services (TYS) provides individualized and group treatment services within a family setting for adolescent boys of the abused and neglected population. Our program is family focused, family oriented, and our daily activities reflects family life. The guiding principle for our program is that youth are capable of successful community living despite the serious problems they may have experienced. Trinity Youth Services believes that in order to assist youth with developing skills and abilities that will enable them to become responsible, productive members of their communities, appropriate treatment, support and effective coordination of activities with the youth's family, school, mental health providers, social services agency and other</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Trivisions Group Home</u>	Prince George's County	DHR	F	7	Private Residential Child Care Program	<p>community service providers are essential. TYS provides services to insure each child receives a proper balance of recreation, excersise, learning, personal development, social opprtunities and fun. Additional services we offer are educacational support, entrepreneurship, mentoring and teaching principles of fatherhood.</p> <p>TriVisions, Inc. shall operate a residential group-care facility in which a team of qualified staff will work daily with residents to teach essential life skills that will enhance individual self-esteem and promote the development of positive values and moral principles deemed necessary for personal success. The ultimate goal of TGH is to prepare residents for successful transition to less restrictive community-based settings. Objectives to achieving this goal include insuring that each resident has an Individualized Service Plan (ISP) developed by the program staff in collaboration with the resident, as appropriate, and significant others. Individual and group psychotherapy, group and individual activities and substance abuse education and prevention groups, as needed, shall be regularly scheduled. Primary Counselors will help residents to build social skills, to resolve conflicts as they arise and to develop effective coping strategies. Medication management will be provided to help foster greater compliance with treatment. Subsequently, residents will be encouraged to become involved in community activities and to obtain employment (as appropriate to age/social development), especially during the later phases of the program to help ease the transition from a residential setting to home.</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Where Angels Tread</u>	Prince George's County	DHR	F	8	Private Residential Child Care Program	<p>An identified staff person shall serve as the liaison with schools as identified by the Local Education Agency (LEA). The child care staff will work in coordination with schools.</p> <p>Where Angels Tread (WAT) is a small group home that provides spiritual, clinical and therapeutic services to females, 14-17 years of age and their families. WAT, Inc. provides appropriate management of daily living skills to adolescent females in need. WAT, Inc. was developed to provide a safe, loving, structured home environment for females to enhance their growth and development in the spiritual, psychological, educational, cultural and social areas of their lives. Each resident is assessed to develop an Individual Service Plan. Individual, group and family therapy is used to assist the child in achieving the permanency plan set for them. Group therapy includes life skills, independent living, social skills and anger management and also addresses therapeutic issues.</p> <p>The group home is designed to enhance the psychological, educational, spiritual and social functioning of young men ages 12-16. The program provides daily living and clinical services for emotionally challenged males. The purpose of the program is to promote community living and enhance family relationships for the young man. The services will include psychiatric, psychological, individual therapy, group and family therapy.</p>
<u>Williams Life Center Group Home 1</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	<p>The goal is to assist the young men in the decision making and to increase healthy and responsible choices.</p>
<u>Williams Life Center Group Home II</u>	Prince George's County	DHR	M	8	Private Residential Child Care Program	<p>The group home is designed to enhance the psychological, educational, spiritual and social functioning of young men ages 13-17. The</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Youth Vision Services, Inc</u>	Prince George's County	DHR	M	6	Private Residential Child Care Program	<p>program provides daily living and clinical services for emotionally challenged males. The purpose of the program is to promote community living and enhance family relationships for the young men. The services will include psychiatric, psychological, individual therapy, group and family therapy. The goal is to assist the young men in the decision making and to increase healthy and responsible choices.</p> <p>Youth Vision Services, Inc. provides 24 hour a day, 7-day a week residential care for youth in foster care between the ages of 13 and 18. This non-profit, tax exempt organization was founded on the premise and principle of the inherent worth of all children. Our vision and mission is to enhance the health and lives of teenagers in foster care through the establishment of a caring structured supportive and holistic family environment. In addition, the program is tailored to address the youth's specific social, cognitive and behavioral strengths and needs to ensure their emotional, physical, social, and spiritual growth and development.</p>
<u>*Girls and Boys Town of Maryland</u>	Prince George's County	DHR	MF	0	Private Treatment Foster Care Program	<p>Girls and Boys Town of Maryland is a therapeutic foster care program that provides placement, case management and crisis intervention to youth of the abuse and neglect system. Youth are placed in the community in treatment foster homes and are monitored by licensed graduate social workers.</p>
<u>CONCERN</u>	Prince George's County	DHR	MF	78	Private Treatment Foster Care Program	<p>CONCERN is a private non-profit social service agency, providing Treatment Foster Care for emotionally traumatized as well as medically fragile children and youth. We provide high intensity support for the children and Therapeutic foster parents. Each child</p>

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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>CONCERN Professional Services for children and Youth</u>	Prince George's County	DHR	MF	78	Private Treatment Foster Care Program	receives MH services in the community as well as having professional staff support. We have 4 LCSW-C and 1 PhD LCPC. All staff are licensed. CONCERN is a private nonprofit therapeutic foster care program. We have treatment foster care for emotionally traumatized children and youth and a medically fragile program for children and youth. We provide high intensity support for the children and Therapeutic Foster Parents. Each child receive MH services in the community as well as having professional staff support. We have 4 LCSW-C and one PhD LLCP on staff. CONCERN has provide these services in Maryland for the past eighteen years. We are a long standing member of MARFY.
<u>Contemporary Family Services Treatment Foster Care</u>	Prince George's County	DHR	MF	N/A	Private Treatment Foster Care Program	Contemporary Family Service, Inc. (CFS) is a private treatment foster care program, which shall provide treatment services for children who have DSM-IV diagnosis and exhibit severe behavioral and/or emotional problems that prevent them from being maintained in traditional foster care settings. Treatment foster care occurs in a foster home when specially trained foster parents are available at all times to provide consistent behavior management, Treatment interventions, and render services under the direction of a supervising practitioner.
<u>Good Children In the Making Family Services</u>	Prince George's County	DHR	MF	65	Private Treatment Foster Care Program	Good Children In The Making Family Services is a treatment foster care agency designed to facilitate healthy growth, development, social, personal, interpersonal and independent living skills in troubled youth by providing them with trained, professional foster parents in structured foster homes.



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Provider Name	Provider Jurisdiction	Licensing Agency	Gender(s) Accepted	License Capacity	Provider Type	Program Description (from provider profile in SCYFIS)
<u>Pressley Ridge of Southern MD Treatment Foster Care</u>	Prince George's County	DHR	MF	N/A	Private Treatment Foster Care Program	Our program's goal is to help the children alleviate behaviors and learn the skills to live within their own families and communities. The TFC program develops and sustains a bond between the child and their own biological families. The program seeks to address problems within the family of origin as well as their children in treatment foster care. Ideally, we seek to reunite the child with his/her family of origin and to help support an intact family. If this is not possible, alternative placements are pursued, such as adoption, a relative's home, or independent living. Our objective is to increase the number of available foster homes in the state of Maryland and provide services to families and children in care with special needs and moderate to severe behavioral problems. Seraaj Family Homes, Inc. champions the right of every child to experience permanency and stability through the provision of foster care services, in-home wraparound services and therapeutic supportive services designed to meet the individual needs of families and children. The organization will ensure its service delivery remains consistent with the goals established in the child and family plan and outlined in the COMAR.
<u>Seraaj Family Homes, Inc. Williams Life Center Treatment Foster Care Program</u>	Prince George's County	DHR	MF	40	Private Treatment Foster Care Program	Treatment Foster Care Program providing comprehensive culturally competent and relevant services to children in the foster care system
<u>Children's Choice - Kent Island</u>	Queen Anne's County	DHR	MF	N/A	Private Treatment Foster Care Program	Children's Choice, a foster care and adoption agency, was founded 24 years ago in Chester, Pennsylvania. Since that time, the agency has grown and now has over 1000

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<u>The Larrabee House Girls Residential Group Home</u>	Queen Anne's County	DJS	F	8	Private Residential Child Care Program	<p>children in care and has 18 offices located in Pennsylvania, New Jersey, Delaware, and Maryland. Children's Choice of Maryland began placing children in the Salisbury area in 1992. At present, in addition to the Salisbury office, there are offices located in Baltimore and Kent Island that provide treatment foster care and adoption services. Treatment level foster care is provided to children ages 0 to 21 of age with most of the placements in the 10 to 15 age range. Each office works with up to 40 children and each worker has a maximum of 10 cases in order to assure high quality services and individual attention. Foster parents receive extensive pre-service training as well a 2-hour monthly training sessions. Each office is intentionally kept small so that parents receive the individual attention necessary to provide effective individualized services.</p> <p>The group home is an alternative between supervised probation and institutional placement. Kent Youth is a community-based facility, utilizing services available in the community such as public schools, drug/alcohol education/treatment and mental health and medical facilities and programs. Services provided within the group home include individual and family counseling, educational support, pro-social and life skills education, crisis intervention and recreational activities. Youth participate in a behavioral treatment approach in which a Level System with clear-cut behavioral expectations and positive and negative consequences play a central role. Aftercare and follow-up services are available for youth who successfully complete the program.</p>

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<u>Alternatives for Youth &amp; Families - Independent Living - Phase I</u>	St. Mary's County	DHR	MF	N/A	Private Independent Living Program	When reunification with the family is either impossible or highly unlikely, the Independent Living Program works with youth 16 1/2 to 22 who are transitioning from treatment foster care, residential treatment centers, group homes or other programs into living on their own. Youth receive intensive, individualized case management and psychosocial support to assist them in transitioning from adolescence to adulthood. The program's mission is to empower young adults to develop confidence, self-reliance, social skills and other basic life skills. During Phase I, consumers live with therapeutic foster families and begin to develop skills necessary to move into a less restrictive, more independent environment.
<u>Alternatives for Youth &amp; Families Independent Living - Phase II &amp; III</u>	St. Mary's County	DHR	MF	N/A	Private Independent Living Program	Phase II & III of the Independent Living Program works with youth 16 1/2 to 22 who are transitioning from Phase I of our program (or similar circumstances) into living on their own. Youth receive individualized case management and psychosocial support to assist them in transitioning from adolescence to adulthood. In Phase II, consumers rent a room from a community member, live in an apartment, or share an apartment with another program participant. In Phase III consumers have less interaction with program staff and more autonomy within the constructs of an established lifestyle.
<u>Alternatives for Youth &amp; Families - Treatment Foster Care</u>	St. Mary's County	DHR	MF	16	Private Treatment Foster Care Program	The Treatment Foster Care Program is a structured community-based, therapeutic foster care program providing services to children 5 to 17 years old who are experiencing serious emotional and/or behavioral problems at home, in school or in the community. While in the program, youth

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<u>Emergency Placement Program</u>	St. Mary's County	DHR	MF	N/A	Private Treatment Foster Care Program	live in private homes of trained and licensed Professional Treatment Parents. Most foster homes are in Calvert, Charles and St. Mary's Counties, with selected homes in Prince George's County. Treatment families are committed to helping youth and must attend monthly training sessions that keep them informed about effective methods of foster parenting, child rearing and behavior management. The Emergency Placement Program is an inpatient prevention program designed to serve youth with serious mental health issues. The programs goal is to prevent hospitalization or reduce the length of stays. Treatment foster parents in the community are utilized to allow youth to maintain as much normalcy in their routine as possible this includes continued school attendance, community activities and therapeutic services. A strict 24-hour supervision policy is mandatory. A behavior management system based on the individual's goals is utilized. A case manager works intensively with the youth, family and community agencies during their stay in this program to develop a permanency plan for the youth and their family and to connect them with services to support reunification or placement. A mental health recommendation and physical are required prior to admission to the program. Our model is based on a bio-psycho-social-cultural perspective which utilizes a comprehensive systems approach with primarily cognitive-behavioral, life skill development techniques. This philosophy attempts to understand the whole person in both their natural and residential setting, with
<u>Faith Cottage Therapeutic Group Home</u>	Washington County	DHMH: OHCQ	M	8	Therapeutic Group Home	

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<u>Jack E. Barr Therapeutic Group Home Brook Lane Health Service</u>	Washington County	DHMH: OHCQ	F	8	Therapeutic Group Home	the goal of utilizing the youth's strengths, family and community resources, and temporary residential structure to empower the youth to return home, or if not possible, to a less restrictive and more normalized setting at the highest level of functioning possible. The residential focus with the youth is to develop enhanced emotional and social life skills to increase and maintain good mental health.
<u>Child Adolescent Unit</u>	Washington County	DHMH: OHCQ	MF		Acute Psychiatric Hospitalization	A home for 8 girls ages 13 to 18 who have a psychiatric diagnoses indicating they are in need of intense supervision and therapy. It is due to their mental disorder that they can not be maintained in a less restrictive environment. Each child's treatment plan is based upon the individual behavioral and emotional needs of the child. Specially trained staff supervise residents 24 hours a day including awake overnight staff.
<u>Big Pines Children Home Cedar ridge children's Home and School, INC., LGH</u>	Washington County	DHR	M	14	Private Residential Child Care Program	- Long term community based residential care - Average length of stay 18 months - Highly structured reality based program offering several treatment modalities. - Serving children with a variety of backgrounds including victims of abuse and/or neglect, as well as children with DJS involvement - Extensive recreation program - MSDE approved Type I school program, on staff therapist, little turnover in staff
	Washington County	DHR	M	28	Private Residential Child Care Program	Cedar Ridge is located outside of Hagerstown MD, in Western MD. We typically admit males between the ages of 10 and 16. We have contracts with DSS, DJS, and MSDE. We

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<u>Foundations - The Arc of Washington County, Inc.</u>	Washington County	DHR	MF	10	Private Residential Child Care Program	<p>provide individual, group and Adventure based therapy. We have a strong Behavior Modification program. Our medication management is done by a Board Certified Adolescent and Child Psychiatrist. The Arc of Washington County, Inc.'s independent living services offer small group home settings for both boys and girls. These settings provide structure and care for individuals functioning intellectually in moderately or mild mentally retarded range with emotional disorders and behavioral issues at a therapeutic group home level of need. These children have the opportunity to participate in age appropriate recreational activities and social integration. They further receive household skills training. Services include therapeutic crisis intervention and individual service plans evaluated on a quarterly basis. The Arc's Independent Living homes target individuals that have shown deficits in the necessary skills to live independently. The program provides a wide array of motivational and developmental opportunities for residents preparing for independence. Successful residential candidates must be between the ages of 15-21 for Girls Foundations and 16-21 for Boys Foundations, be behaviorally stable, demonstrate a willingness to participate actively within the program guidelines. They must also possess the skills necessary to function appropriately during independent periods at home and within the community. Foundations will provide the following and other services as needed: -Intensive, hands-on training in independent livings skills; -Job seeking and job maintenance skills; -Supports</p>

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<u>Hagerstown Shelter - 13420 Herman Meyers Rd - Hagerstown</u>	Washington County	DHR	F	6	Private Residential Child Care Program	<p>toward completion of GED/certificate/diploma/continuing education; -Inten</p> <p>Shelter care for acutely and chronically traumatized females demonstrating behavioral and emotional disturbance. Sixty day program for youth who can be maintained in an open setting. Psychotherpeutic intervention, ongoing/emergency psychiatric services, diagnostic assessment, medication management, transitional education and Level V non-public school, service/discharge planning. Treatment resources include Medical Director/Psychiatrists, Pediatrician, Nurses, Unit based MSW Social Worker as part of Social Services Department (approved by Mental Health Administration as an Outpatient Mental Health Clinic), Trained Child Care Professionals, Chaplain, and Therapeutic Recreation.</p> <p>The Children's Program is a highly individualized residential setting with no more than 4 children/adoloscents per unit. The service provides and administration ratio of 2 staff to 4 child/adol during all program hours. The service further provides awake night coverage and the possibility of one-on-one staff coverage during periods of transition and crisis. The program also provides weekly individual recreation and skill development in a rural setting. Professional interventions include behavioral programming, individual and group counseling, psychiatric treatment, nursing services, and therapeutic work and/or parent training with child and family as per ISP. To submit referral or obtain further info make contact with program manager.</p>
<u>Jefferson, Bridgewater and Harp Road Houses</u>	Washington County	DHR	MF	12	Private Residential Child Care Program	

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<u>Jordan House</u>	Washington County	DHR	M	5	Private Residential Child Care Program	<p>Jordan House, part of the Cedar Ridge Children's Home and School LGH program, is located in the town of Williamsport MD. This cottage is typically offered to those residents who have shown significant progress in our general LGH program in the areas of responsibility, trust and pro social behaviors. At Jordan additional emphasis is placed on acquiring additional life skills, geared toward discharge/independent living. We have contracts with DSS, DJS, and MSDE. We provide individual and group therapy. We have a strong Behavior Modification program. Our medication management is done by a Board Certified Adolescent and Child Psychiatrist.</p> <ul style="list-style-type: none"> <li>- Long term community based residential care</li> <li>- Average length of stay 18 months - Highly structured reality based program offering several treatment modalities - Serving children with a variety of backgrounds including victims of abuse and/or neglect, as well as children with DJS involvement - Extensive recreation program - MSDE approved Type I school program, on staff therapist, little turnover in staff</li> </ul>
<u>Shiningtree Children's Home</u>	Washington County	DHR	M	14	Private Residential Child Care Program	<p>Residential program designed to meet the needs of those children who are currently without an immediate appropriate/recommended placement and those requiring observation for the purpose of formulating recommendations and completing Certificate of Need Documentation for the for future placements. Typical residency last for approximately 90 days.</p>
<u>Stone Bridge Transitional Care Home-Brook Lane Health Services</u>	Washington County	DHR	MF	27	Private Residential Child Care Program	<p>Large group home for 18 adolescent girls. Located in rural Washington County on 66 acre campus. Large mansion type facility with</p>
<u>The San Mar Group Home for Girls</u>	Washington County	DHR	F	21	Private Residential Child Care Program	



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<u>United States Fellowship Inc./Oak Hill House</u>	Washington County	DHR	M	14	Private Residential Child Care Program	14 bedrooms. School on grounds for those needing structure, others may attend nearby public school. We are a residential group home for adolescent boys ranging in ages of 14 to 18 in years of age. The therapeutic approach that is used is based on Reality Therapy; and emphasis is placed on the present behavior. There is a behavior management level system, which consists of 4 phases and the residents earn yes's or no's for the expectations of the house and the routine. Residents participate in group and individual therapy. The family is an important component in the program, in home family therapy is offered twice monthly in the homes of the families. In addition, three times a year we do therapeutic family weekends with the residents and their families on the campus of Oak Hill House.
<u>The Graff Shelter (The Dr. Henry F. and Florence Hill Graff Shelter)</u>	Washington County	DJS	F	12	Private Residential Child Care Program	90 day shelter for adolescent girls.
<u>Treatment Foster Care</u>	Washington County	DHR	MF	25	Private Treatment Foster Care Program	A program of treatment foster care to provide nurturing and caring homes to girls no longer needing the high level of structure provided by the group home. The program serves both boys and girls who have never been in residential care. San mar recruits, trains, liseneses, supports and encourages families willing to open their home and share their family with a child in need.
<u>Bay Shore Services, Inc.</u>	Wicomico County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	Residential Services - ALU Family Support Respite Dental Services

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<u>Dove Pointe Residential Services, Inc.</u>	Wicomico County	DHMH: DDA	MF	3	Community Residential Program-- Alternative Living Unit (ALU)	Dove Pointe Residential Services has served adults with disabilities, both residentially and in day habilitation and supported employment services, in the Lower Eastern Shore of Maryland for the past 30 years. In 1999 the first home designed specifically to serve children was opened and residential services for children and youth has continued to be a service offered by the agency since that time. Services provided are individually tailored to the needs and desires of the children, youth and adults served and their families. The program provides supports in Activities of Daily Living, Medical and Nursing needs, Psychological Evaluation and Counseling, Physical Therapy and Mental Health needs. Dove Pointe Residential Services has served adults with disabilities, both residentially and in day habilitation and supported employment services, in the Lower Eastern Shore of Maryland for the past 30 years. In 1999 the first home designed specifically to serve children was opened and residential services for children have continued to be a service offered by the agency since that time. Services provided are individually tailored to the needs and desires of the children, youth and adults served and their families. The program provides supports in Activities of Daily Living, Medical and Nursing needs, Psychological Evaluation and Counseling, Physical Therapy and Mental Health needs.
<u>Dove Pointe Residential Services, Inc.</u>	Wicomico County	DHMH: DDA	F	3	Community Residential Program-- Alternative Living Unit (ALU)	Community Residential Program-- Alternative Living Unit (ALU)
<u>Nevins Place</u>	Wicomico County	DHMH: DDA		3	Community Residential Program-- Alternative Living Unit (ALU)	Community Residential Program-- Alternative Living Unit (ALU)

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<u>Maple Shade Youth &amp; Family Services</u>	Wicomico County	DHMH: OHCQ	MF	8	Therapeutic Group Home	Mardela Special Care is specially designed to serve 8 children from the ages of 8 to 17, who have severe learning and emotional disabilities. We strive to teach replacement skills in order to help the child make positive choices as opposed to negative choices. We strive to give the child positive life experiences. We firmly believe all children are worth going the extra mile for and are committed to doing just that. Our home like residence contains 5 bedrooms, 2 baths, a kitchen and activity room. Our structure permits a high degree of flexibility, critical to the growth of our children. In addition, the children have access to a full gymnasium on site. Staff will continually asses and address the educational, physical and emotional needs of each child. The school is in a tranquil yet convenient location. The beauty of the natural environment, the quality of education, and the intense level of commitment from our skilled staff, combine to offer the optimum care for these children.
<u>San Domingo Special Care</u>	Wicomico County	DHMH: OHCQ	F	4	Therapeutic Group Home	A 4 bed community based therapeutic group home for females, ages 11-18, located in the San Domingo community near Sharptown, Maryland. The girls attend public school or the Maple Shade School as indicated by their IEP.
<u>Wetipquin Ranch</u>	Wicomico County	DHMH: OHCQ	MF	4	Therapeutic Group Home	An 4 bed therapeutic group home for males, ages 7-15, located in the Wetipquin community. The majority of residents at this home attend the special education program at Maple Shade School.
<u>Children's Choice - Salisbury</u>	Wicomico County	DHR	MF	N/A	Private Treatment Foster Care Program	Children's Choice, a foster care and adoption agency, was founded 24 years ago in Chester, Pennsylvania. Since that time, the agency has grown and now has over 1000

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<u>Treatment Foster and Respite Care</u>	Wicomico County	DHR	MF	70	Private Treatment Foster Care Program	<p>children in care and has 18 offices located in Pennsylvania, New Jersey, Delaware, and Maryland. Children's Choice of Maryland began placing children in the Salisbury area in 1992. At present, in addition to the Salisbury office, there are offices located in Baltimore and Kent Island that provide treatment foster care and adoption services. Treatment level foster care is provided to children ages 0 to 21 years of age with most of the placements in the 10 to 15 age range. Each office works with up to 40 children and each worker has a maximum of 10 cases in order to assure high quality services and individual attention. Foster parents receive extensive pre-service training as well as 2-hour monthly training sessions. Each office is intentionally kept small so that parents receive the individual attention necessary to provide effective individualized services.</p> <p>This program provides licensed treatment foster care homes for children and adolescents ages 2 to 21. These homes are operated by specially trained staff who live in the home and offer structure, guidance, and coping skills to the children residing with them. Foster and Respite Care are licensed by the Mental Hygiene Administration for children and adolescents with mental health diagnoses. Services are provided in appropriately licensed treatment foster care homes and group homes. Respite Care provides a necessary planned break for caregivers of emotionally disturbed children and adolescents.</p>
<u>Salisbury Boys Home</u>	Wicomico County	DJS	MF	8	Private Residential Child Care Program	<p>Works with adolescent boys experiencing behavioral and family problems. Houses 8 boys in need of structure and guidance.</p>

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						<p>Works hand in hand with the community. Boys are supervised by professional staff and provided with individual services when required. Children attend the public school and participate in age appropriate activities in local community. This relationship with community is essential in helping the boys make transition from group living back to their own homes or other less structured living arrangements. Works closely with Maple Shade Mental Health Clinic and provides large menu of individualized services.</p>