



**GOVERNOR'S OFFICE OF
CRIME PREVENTION, YOUTH,
AND VICTIM SERVICES**

**FY 2022 State of Maryland Out-of-Home Placement
and Family Preservation Resource Plan**

*2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets
(Pages 253-254); Human Services Article § 8-703(e)*

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Executive Summary

Pursuant to the [Maryland Annotated Code, Human Services Article, § 8-703\(e\)](#) and the [2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets \(Pages 253-254\)](#), the Governor's Office for Crime Prevention, Youth, and Victim Services, in coordination with child-serving agencies, prepared this Report and a publicly available [data dashboard](#) to document the State's capacity for and utilization of out-of-home placements, analyze the costs associated with out-of-home placements, facilitate an evaluation of Statewide family preservation programs, and identify areas of need across Maryland.

Between July 1, 2021 and June 30, 2022, the group collectively identified the following highlights pertaining to the requirements for this Report:

- There were 170 out-of-home residential placement programs for Maryland youth in FY 2022. From this total, 115 were identified as trauma-informed treatment providers.
- Only one provider in the State was identified as a substance use and addiction placement. That provider is located in Baltimore City.
- 6,382 youth experienced at least one out-of-home placement in FY 2022, a 17.6% decrease since FY 2019.
- 14,250 different placements were made across all child-serving agencies in FY 2022.
- The average number of youth placement days in FY 2022 decreased to 176.4. As a comparison, the average number of days in placement for a youth in FY 2019 was 239.7.¹
- The average daily single bed cost was \$381 in FY 2022.²
- 282 youth were in an out-of-state placement at some time in FY 2022, a 35.5% decrease from FY 2019. The majority of youth placed out-of-state were placed in a family home. In FY 2022, 151 youth went out-of-state to a family home.
- Residential Treatment Centers and other high-level residential programs do not currently offer the types of services to adequately address the ongoing needs of the youth identified as at risk for a hospital overstay. Continued closures of these facilities have also been a wise on the entire continuum of care in Maryland.
- Children in need of an out-of-home residential placement are placed within their home county 45.7% of the time. The counties with the lowest in-county placements are Worcester, Somerset, and Dorchester.

¹ The average number of days is calculated using all placement types.

² The financial data in the dashboard does not include costs for hospitalizations. Specific hospital costs could not be obtained at this time. Updates will continue to be made to the dashboard as information is received.

This Report and corresponding data dashboard identify the program and service needs for Maryland youth, and the strategies each child-serving agency will employ in FY 2023 to develop those resources. Given the importance of data to inform decisions, this Report has been transformed to include the use of an interactive data dashboard which allows users to view the data that is most important to their own needs. The dashboard provides the ability to look deeper into the data and develop resource plans at the state and local level without being limited to the selections that were previously provided. The intent of the dashboard is to provide policy decision makers with a visual picture of residential child care programs and the youth who utilize them. Community resource development and diversion from these out-of-home placements remain a top priority for all child-serving agencies. However, strengthening the quality of existing residential programs and identifying any gaps in services is the primary goal of this presentation.

For more information regarding out-of-home placements, out-of-state placements, one-day counts, costs associated with out-of-home placements, and provider statistics, please refer to the [Appendix](#). In addition, and to view the publicly available dashboard and its interactive capabilities, please visit the Office's website at: <http://goccp.maryland.gov/data-dashboards/out-of-home-placement-dashboard/>.³

Introduction and Overview

In accordance with the Maryland Annotated Code, Human Services Article, § 8-703(e) and the 2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets (Pages 253-254), this Report and data dashboard serve to document placement trends in Maryland, identify children's needs, and describe how agencies are meeting those needs. It also includes strategies to close service gaps for Maryland youth requiring out-of-home residential placement.

The Children's Cabinet has long been interested in reducing the number of children who go into placement within Maryland or out of state. During FY 2022, the Children's Cabinet continued its priority of reducing youth overstaying medical necessity in hospitals and emergency rooms. In addition, the Children's Cabinet focused on developing the specialized programming needed to keep Maryland youth in-state and providing the appropriate services to meet their needs. While keeping children in-state is not always possible due to service needs or geographic location, the trends continue to show a decrease in youth being placed far from their homes. For more information regarding the data trends and/or the role of each

³ The link will be publicly available January 12, 2023.

child-serving agency, please refer to the [Agency Roles](#) below.⁴

Agency Roles

Department of Human Services (DHS): DHS has the most children and youth in placement, with approximately 90% of the children and youth who had at least one out-of-home placement in FY 2022. DHS has access to programs both inside and outside of Maryland for children who have experienced abuse and/or neglect, or are unable to remain in their homes due to imminent safety concerns at the time of removal. DHS also provides Family Preservation Services (FPS) to families who have experienced maltreatment and/or are at risk of out-of-home placement. A family's risk is assessed in each case by the Maryland Family Risk Assessment and services are then provided based on the results of the family version of the Child and Adolescent Needs and Strengths assessment. The FY 2022 review of the data shows continued success in deterring maltreatment and out-of-home placements when FPS is provided and engaged by the family.

Department of Juvenile Services (DJS): DJS is the second largest youth placing agency in Maryland. In FY 2022, 359 youth were in an out-of-home placement at some point via court order, representing a 6.2% decrease in the number of youth in placement under DJS, when compared to FY 2021. DJS is charged with appropriately managing, supervising, and treating youth who are involved in the juvenile justice system in Maryland. Objective screening and assessment tools are utilized to make a placement recommendation to the court, who ultimately decides if youth will be placed out of home. DJS works with out-of-home providers to achieve meaningful improvements in outcomes of the youth served. The overall number of youth out-of-home includes youth who have been committed to a placement as part of their disposition, after having been adjudicated of an offense.

DJS strengthened its diversion initiatives to prevent lower-risk youth from being placed out-of-home. These initiatives include implementing pre-court service agreements with youth and their families, and ensuring service connections without formal court processing. Additionally, DJS prioritizes community-based service interventions for post-adjudication youth. Out-of-home placements are reserved for higher-risk youth with treatment needs that can only be met with a committed placement.

Behavioral Health Administration (BHA): BHA is not a placing agency; however, the Maryland Department of Health (MDH) funds placements in Residential Treatment Centers (RTCs) through Medicaid. Historically, the majority of the work done by BHA, in the context of this Report, stems from building out a macro-level service array to lower the need for out-of-home

⁴ It is important to note that each agency uses different terminology to define the types of placements available for a youth based on his or her recommended level of care. For this reason, the Report and data dashboard include common terminology that can be used across the agencies for the purpose of consistency and ease of understanding.

placements - both inpatient and residential settings (PRTF/RTC).

Beginning late 2021, under the combined effort of BHA and MDH Operations, MDH obtained additional financial and personnel resources to address bed capacity challenges which may have been pre-existing issues that were exacerbated by COVID-related social distancing, isolation, and workforce hurdles. BHA/MDH also led projects, to include the development of an inpatient bedboard to better identify available inpatient beds (reducing ED overstays), the acquisition of funding for and ongoing development of additional high intensity residential level beds, and both the realignment of Medicaid funded RTC base rates and the development of a tiered rate system. These three efforts involving residential providers all serve to support the willingness of providers to take on the highest complexity needs of youth and to ensure the sustainability of those programs.

In FY 2022, Medicaid funded 146 placements in an RTC for youth who were not under the care of another agency. This represents an 18.9% decrease when compared to FY 2021. These youth remain in the care and custody of their families/guardians, but the local behavioral health agency (LBHA/CSA) is available to provide guidance and support regarding the entire process.

Developmental Disabilities Administration (DDA): DDA is not a placing agency and cannot place or fund a youth in an out-of-state placement. However, in-state funded services are available for youth who meet the eligibility criteria. The youth must also qualify for Home and Community-based waiver services through the DDA Community Pathways waiver, Community Support Waiver, or the Family Support Waiver. The Community Support Waiver and the Family Support Waiver offer support services. These services are meant to support the youth and family in their home in an effort to prevent an out-of-home placement or to support a return to home. Youth over the age of 18 and not in the care and custody of DHS can access licensed group homes for individuals with developmental disabilities in a community-based setting. DDA collaborates with DHS to identify DDA licensed providers to serve DHS funded youth. Youth ages 18-20 who are DDA eligible can be placed in a DDA licensed adult home and funded by DHS. This allows DHS to continue to fund the placement until age 21 to support a smooth transition to adult services. In FY 2022, DDA funded 35 youth (ages 18-21) in out-of-home placements.

Maryland State Department of Education (MSDE): MSDE is not a placing agency; however, it provides oversight, supervision, and direction of the Nonpublic Tuition Assistance Program, which is the State aid program for students placed in nonpublic special education schools through the Individualized Education Program (IEP) process. In FY 2022, 27 youth were placed at a nonpublic residential school through the IEP team process.

In addition, MSDE implements Maryland's Medicaid Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder, also known as the Autism

Waiver, which is approved by the Centers for Medicare and Medicaid Services to serve 1,300 participants in FY 2022. Administration of the Autism Waiver is a partnership between MSDE and MDH. MSDE serves as the Operating State Agency and is responsible for the day-to-day implementation of the Autism Waiver. MDH is the single State Medicaid Agency charged with the administration of Maryland's Medicaid Program, which provides oversight of the Autism Waiver and the Autism Waiver Registry (waiting list).

All Autism Waiver services are provided through a fee-for-service model, which is reimbursed by Medicaid. Residential Habilitation services are community-based residential placements for those youth who cannot live at home because they require highly-supervised and supportive environments. In FY 2022, there were 28 Autism Waiver eligible youth receiving Residential Habilitation services through an approved Autism Waiver provider agency. Eligible community-based placements include group homes licensed by DHS or the Office of Health Care Quality within MDH. No youth placed through the Autism Waiver is in an out-of-state placement.

Family Preservation Services

DHS provides FPS to children and families at risk of child maltreatment and/or out-of-home placement. Rooted in the 1980 federal child welfare law to make “reasonable efforts to prevent out-of-home placement,” Maryland has provided in-home interventions since the early 1980s. These services are provided by the Local Departments of Social Services as FPS.

From 1990 to the present, Interagency Family Preservation Services (IFPS) was added in Maryland as an interagency approach to preserve families with children at imminent risk of placement from all child-serving agencies. Between 1990 and 2008, IFPS was administered by the Governor’s Office for Children, after which the program and the funding were integrated into DHS’ FPS program.

FPS can be evaluated by examining families’ risk levels, and the incidence rates of maltreatment and out-of-home placement. Risk is assessed by the Maryland Family Risk Assessment, which is administered by the caseworker at the initiation of services, several times throughout services, and at case closure. Risk data for families served in FPS is discussed in this Report.

Maltreatment (child abuse or neglect) is measured by the number of indicated investigation findings of child maltreatment. Out-of-home placement is measured by the number of children entering out-of-home care. Both measures are analyzed here for incidents of maltreatment or out-of-home placement among children while they were receiving FPS, and for children who had recently received FPS.

DHS' FPS are separated into two categories:

1. IFPS, and
2. FPS, – including Services to Families with Children (a short-term service featuring an assessment of family needs) and all other in-home services.

Data for the two separate categories (FPS and IFPS) are illustrated in the [Service Counts for Human Services Family Preservation Services](#) section below, along with data for the two programs combined (Total Family Preservation Services).

Service Counts for Human Services Family Preservation Services

The table below contains a four-year summary for total in-home services, FPS, and IFPS. Between FY 2019 and FY 2022, the overall number of families served decreased by 5%, and the number of children served in FPS programs also decreased by 5% (*as illustrated below*).

Families and Children Served and Newly Served*						
Total Family Preservation Services (including Interagency Family Preservation)						
	All Cases Served During Fiscal Year			New Cases During Fiscal Year		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2019	6,790	14,166	2.1	5,171	10,710	2.1
FY 2020	5,279	11,139	2.1	3,956	8,286	2.1
FY 2021	5,188	10,734	2.1	3,978	8,046	2.0
FY 2022	6,424	13,445	2.1	5,074	10,449	2.1
Family Preservation Services						
	All Cases Served During Fiscal Year			New Cases During Fiscal Year		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2019	6,244	12,971	2.1	4,767	9,822	2.1
FY 2020	4,841	10,204	2.1	3,633	7,593	2.1
FY 2021	4,698	9,708	2.1	3,609	7,258	2.0
FY 2022	5,525	11,569	2.1	4,321	8,888	2.1
Interagency Family Preservation Services						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2019	546	1,194	2.2	404	887	2.2
FY 2020	411	889	2.2	296	648	2.2
FY 2021	320	667	2.1	218	463	2.1
FY 2022	517	1,120	2.2	429	931	2.2
<i>*FY 2020-2021 data revised</i>						

A 12% decrease in the number of new FPS cases also occurred over the four-year period; however, the decrease in FY 2021 was very minimal. The greatest decreases occurred in FY 2019, FY 2020, and FY 2022. A comparable pattern regarding the decrease in the number of children served was also observed, with the exception of the 5% decrease in FY 2021 which was greater than the 1% decrease in the number of new cases. A similar pattern for IFPS cases was also apparent, even though the decrease remained around 5% over the past four years. The

decrease in cases does not reflect the increase in FPS cases that occurred during FY 2022. This is most noticeable with IFPS cases which nearly doubled from FY 2021.

Analysis of Indicated Findings of Child Maltreatment and Out-of-Home Placement Rates

The primary focus of this analysis is based on the following question, “*Are children better off?*” This question is measured by the absence of the occurrence of indicated findings of maltreatment, and the absence of placement in DHS out-of-home care.

The goal of DHS’ FPS is to support families in caring for their children, and to remove risk of maltreatment, not the children, from their homes. Families generally want to stay together even when challenges exist, and FPS staff strive to assist families in reaching that goal. Despite these efforts (by both families and DHS), there are instances of child maltreatment or the need for a child to be removed from the home while in (or after) FPS.

An indicated finding of child maltreatment refers to a decision made by a local Department of Social Services’ Child Protective Services’ investigator, upon completion of an investigation, that there is sufficient evidence, which has not been refuted, of child maltreatment. It is important to note that there are two other Child Protective Services findings, not discussed here, including an “unsubstantiated” finding, meaning that there is not sufficient evidence to support the contention that maltreatment took place, or a “ruled out” finding, meaning that Child Protective Services determined that maltreatment did not take place.

Out-of-home placements begin with a removal from the home of a child, which occurs when their safety cannot be ensured in their home. The date of removal marks the beginning of the out-of-home placement episode.⁵

Specific to an analysis of child maltreatment and out-of-home placements, only information pertaining to DHS is provided below. Although other Maryland agencies place or fund the placement of children, this section specifically discusses DHS out-of-home placement among the children who have participated in DHS’ FPS, as these placements are generally due only to child maltreatment.⁶ For the purpose of this analysis, the following two measures were used to analyze the effectiveness of FPS in preventing child maltreatment and out-of-home placements:

⁵ It should be noted that not all children found to be the victim of an indicated maltreatment finding are removed, nor have all removed children been the victim in an indicated maltreatment finding. Removal is based on safety issues alone; if an alleged maltreater is no longer in the home and/or an appropriate safety plan is in place, removal may not be necessary. Additionally, safety is assessed continuously, and removal decisions are made based on the current situation while findings to investigations generally take up to two months to finalize. Safety issues may require removal regardless of an investigation finding.

⁶ It is important to note that a small proportion of placements (2.7% as of June 2022) occurred in FY 2022, to meet children’s severe medical/mental health/developmental needs, through Voluntary Placement Agreements.

- Did a Child Protective Services investigation result in an indicated finding for children receiving FPS?
- Did a DHS out-of-home placement occur for children receiving FPS?

For each of these indicators, data was analyzed for the time period during which a child received services, and then for the one-year time period after the child received services (*please refer to the table below for more information*).

Measure	Timeframes	
Did a Child Protective Services investigation result in an <u>indicated finding</u> for children receiving services?	<u><i>During Services</i></u> For each fiscal year listed, the children newly-served in In-Home cases during that fiscal year are considered, and the observation time period for each child is the start of In-Home services to the first of either: <ul style="list-style-type: none"> • the In-Home service close date; or • 12 months following the start date of In-Home services. 	<u><i>Within 1 Year of Case Close</i></u> For each fiscal year listed, the children considered are those who were newly-served during the fiscal year and whose In-Home cases closed within 12 months of the start date of In-Home Services.
Did a DHS <u>out-of-home placement</u> occur for children receiving service?		In other words, these are the same children as the “During Services” children whose cases closed during the 12-month observation period. The observation time period for each child is the 12-month period beginning on the close date of In-Home services and ending 12 months later.

The table above shows the counts of cases (families) and children newly served each fiscal year, along with the counts and proportions of newly served families whose cases closed within one year. It is evident that the majority of cases close within a year of starting. The child population associated with these cases were observed one year after the case closed to determine whether a Child Protective Services Indicated Investigation or DHS out-of-home placement occurred.

For the “During Services” observation period, it is necessary for one year to elapse after the reported fiscal year ends. For the “Within 1 Year of Case Closure” observation period, it is necessary for two years to elapse after the reported fiscal year ends. Therefore, data for events occurring within one year of case closure are available for children newly served in FY 2021, and data for events occurring during services is available for children who entered In-Home services in FY 2022.

Using this construct, the table below shows the number of children who began FPS in FY 2018 through FY 2022, and those who started FPS in those years but also completed services within 12 months of their service start date. Although this table includes data on cases (i.e., families), subsequent data on indicated maltreatment and out-of-home placement will focus on children, not cases.

Total Family Preservation Cases*						
Fiscal Year	Cases			Children		
	Newly Served Cases	Newly-Served & Closed Within 1 Year	% Closed Within 1 Year	Newly-Served Children	Newly-Served & Closed Within 1 Year	% Closed Within 1 Year
FY 2018	6,073	5,841	96%	12,692	12,174	96%
FY 2019	5,171	4969	96%	10,710	10,244	96%

FY 2020	3,956	3,708	94%	8,286	7,706	93%
FY 2021	3,978	3,815	96%	8,046	7,647	95%
FY 2022	5,074	N/A until FY 2023		10,449	N/A until FY 2023	
**FY 2020-2021 data revised						

Over the past four fiscal years, between FY 2018 and FY 2021, the percentage of cases (families) and children that complete services within one year of beginning FPS ranged from 94% to 96%. When viewed from the child perspective, an average of 95% of children were in cases that closed within one year. While it appears that there has been a substantial increase in the number of cases closed within one year of opening with the exception of FY 2021, there has also been a concerted effort in the past couple of years with regards to closing cases in a timely manner once a family has ended services rather than leaving them open for a worker to finish entering documentation. With this practice change, it is possible to gain a more precise understanding of how long cases remain open. Specifically, and based on the table above, 4% of cases and 5% of children remained open longer than one year during FY 2021, which matched FY 2020 case percentages and 1% less for children. With the significant increase (22% and 23% respectively) in newly served families and children during FY 2022, this data will continue to be tracked to determine if the trend continues due to the larger volume.

Indicated Child Protective Services Investigations/Child Maltreatment

During the past five fiscal years, the percentage of children who experienced an indicated Child Protective Services investigation that resulted in an indicated finding of child maltreatment during FPS ranged between 2.8% in FY 2020 and 1.3% in FY 2018 (*please refer to the table below*). **Since FY 2018, the average percentage of children who did not experience an indicated maltreatment during FPS was 97.5%; for FY 2022, the percentage was 97.6%.** The percentage of children who experienced an indicated maltreatment increased over the past three years after the greatest decrease in FY 2018. The percentage of children who experienced an indicated maltreatment during FY 2021 may have also been influenced by challenges experienced during COVID-19 safer-at-home period.

Indicated Child Protective Services Findings and Foster Care Placement Rates (Total In-Home Cases)								
Total In-Home Cases								
Fiscal Year	Indicated Child Protective Services Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY 2018	1.3%	216	2.9%	479	3.5%	573	2.3%	308
FY 2019	2.3%	319	6.4%	913	3.6%	395	1.4%	151
FY 2020	2.8%	310	4.4%	496	3.4%	405	1.3%	164
FY 2021	3.5%	376	6.0%	647	3.9%	415	1.2%	130
FY 2022	2.4%	330	NA until FY 2023		3.6%	479	NA until FY 2023	
*FY 2020-2021 data revised								

Within one year of case closure, an average of 4.9% of children experienced an indicated finding of maltreatment; therefore, **since FY 2018, an average of 95.1% of children did not**

experience an indicated maltreatment finding up to one year after finishing In-Home services (please refer to the table above).

FPS saw a sizable decrease in the number of children who experienced an indicated Child Protective Services investigation while receiving services in FY 2018, followed by a substantial increase each year through FY 2021, and a substantial decrease in FY 2022. IFPS also witnessed a fluctuation in the percentage of children who experienced an indicated Child Protective Services investigation. This fluctuation consisted of an increase between FY 2018 and FY 2021, and a decrease in FY 2022; however, the actual number of children in FY 2022 was small due to the smaller number of cases (please refer to the table below). For the one-year period after services, there has been a fluctuation in Child Protective Services cases in which FPS cases experienced a 6.4% increase in FY 2019, followed by a 4.4% decrease in FY 2020, and a 6.1% increase in FY 2021. IFPS experienced similar trends (2.0% in FY 2018, 6.5% in FY 2019, 4.2% in FY 2020, 4.5% in FY 2021); however, there was only a slight increase in FY 2021. It is not clear what might have caused the significant increase in Child Protective Services investigations over the past two years from previous years. This will continue to be monitored to determine what is occurring. Additionally, while there was a decrease in the number of cases in the year following closure, it is not clear if that is related to the decrease in Child Protective Services referrals that occurred during the COVID-19 safer-at-home state of emergency or due to other factors. This will continue to be monitored to determine what other factors might be leading to an increase in the number of indicated Child Protective Services findings.

Indicated Child Protective Services Findings and Out-of-Home Care Placement Rates								
Family Preservation Services								
Fiscal Year	Indicated Child Protective Services Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY 2018	1.4%	208	1.4%	447	3.6%	542	2.4%	356
FY 2019	2.3%	298	6.4%	835	3.3%	421	2.2%	287
FY 2020	2.8%	285	4.4%	454	3.7%	374	1.3%	132
FY 2021	3.4%	338	6.1%	600	3.9%	379	1.2%	115
FY 2022	2.5%	290	NA until FY 2023		3.7%	426	NA until FY 2023	
Interagency Family Preservation Services								
Fiscal Year	Indicated Child Protective Services Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY 2018	0.6%	8	2.0%	26	2.3%	30	1.6%	21
FY 2019	1.8%	21	6.5%	78	2.5%	30	3.1%	36
FY 2020	2.7%	24	4.2%	38	2.4%	21	1.9%	17
FY 2021	3.0%	20	4.5%	30	3.9%	26	1.5%	10
FY 2022	2.1%	24	NA until FY 2023		3.1%	35	NA until FY 2023	
*FY 2020-2021 data revised								

In FY 2022, Family First Prevention Services were implemented in Maryland. These services are provided through Evidence-Based Practices (EBPs) for substance abuse prevention and treatment

services, parent skill-based programs, and mental health prevention and treatment services. These services are anticipated to reduce the number of children who might be removed from their family and enter out-of-home placement. It would be expected that these services would also reduce the incidents of maltreatment experienced by children. For this reason, Maryland will monitor the outcomes for children who receive FPS over the next few years. Specifically, children will be monitored, based on the following scenarios: children who are determined to have been maltreated either during FPS or within one year of case closure; or those who experience out-of-home placement either during or within one year of the closure of FPS provided to the family.

Out-of-Home Placement During and After In-Home Services

The general percentage of out-of-home placement during FPS ranged from 3.6% in FY 2018 to 3.9% in FY 2021, with a percentage of 3.7% in FY 2022. **Overall, an average of 96.4% of children served in FPS between FY 2018 and FY 2022 were able to remain with their families during FPS and avoid out-of-home placement.**

Out-of-home placement in the year following In-Home services has ranged between 2.4% and 1.2% over the past four years, with the lowest rate (1.2%) in FY 2021. For these past four years, an average of **98.2% of children remained in their home and avoided out-of-home placement within the first year after receiving FPS.**

For out-of-home placement, the percentage of children in IFPS who entered out-of-home care during services was exactly the same as those served in FPS in FY 2021 (3.9%), although the number of children served in IFPS was much smaller than those served in FPS. In contrast, the percentage of children entering out-of-home placement after FPS was slightly greater for IFPS (1.5%) than FPS (1.2%) based on FY 2021 data. This is a significant decrease from FY 2019 (3.1% vs. 1.5%) which will continue to be monitored to determine if there are changes following the implementation of Family First Prevention Services (*as described above*).

Family Preservation Summary

DHS' FPS are a critical component of meeting the needs of thousands of vulnerable children and their families. In FY 2022, approximately 13,445 children from 6,424 families received DHS' in-home services (*please refer to the Families and Children Served and Newly Served table in the [Service Counts for Human Services Family Preservation Services](#) section*). There was also an increase in the number of children and families served through In-Home FPS and a decrease in the number of children in foster care services. As of June 30, 2022, there were 4,238 children in

DHS' out-of-home care.⁷ The provision of DHS' FPS and other community supports are crucial in keeping children in their homes and with families.

In FY 2022, DHS continued the implementation of Family First Prevention Services which will help staff continue to partner with families to achieve success through Family Centered Practice and use of Family Team Decision Meetings. Child, youth, and family engagement are essential in DHS' practice model, which also relies on community support and services. Providing Alternative Response, FPS, and other support to families is necessary to continue to keep children safe with their families and to strengthen families' abilities to care for their children. DHS will continue to improve its family-centered focus with the help of Family First Prevention Services that enables the department to make use of dollars saved on foster care to continue to support and strengthen families so that children can remain at home.

Summary and Statewide Strategies

FY 2022 Highlights

In FY 2022, the Children's Cabinet guided the Children's Cabinet Implementation Team toward targeted resource development for both community-based and residential services needed by Maryland youth. In addition, the Secretary of MDH and DJS took a hands-on and active approach in order to decrease the number of youth overstaying medical necessity in hospitals and emergency rooms. The Secretaries of these Departments met weekly, if not more, during FY 2022, in an effort to collaboratively open the pathways for services needed by youth and families in Maryland. This coordination led to a significant decrease in youth experiencing a hospital overstay.

DHS created 49 specialized high-intensity group home beds in the first half of FY 2021. An additional Statement of Need will be issued by DHS for 60 community-based beds for diagnostic services and psychiatric respite care. The Statement of Need-RFP was issued in November 2021, and closed in February 2022 with no responses. DHS continues to search for additional provider resources to provide services to youth that present with complex behavioral needs.

DDA continues to increase its provider capacity for in-home support services through the Family Support waiver, Community Support waiver, and Community Pathways waiver. A variety of training opportunities have been made available to the DDA licensed providers to enhance their skills and expertise. DDA also continues to collaborate with DHS to identify appropriate DDA licensed residential providers to meet the needs of youth in DHS care and custody as well as

⁷ Department of Human Services. (2022). *Department of Human Services Place Matters File* [June 2022 data].

youth in Voluntary Placement agreements. DDA continues to look for opportunities to improve services, provide resources to providers, and increase provider capacity for all waiver services.

BHA allocated \$4.8 million from an emergency COVID grant for continued development of mobile crisis and stabilization training, technical assistance, implementation, and direct services. This will assist youth in remaining in their current home or avoiding the need for a more restrictive placement. An additional \$1.35 million is being allocated from BHA's COVID-related federal Mental Health Block Grant to fund and monitor mobile crisis and stabilization, care coordination, and related expenses. This funding was utilized in FY 2022 and continued into FY 2023. Additional MDH funding was utilized to develop additional single agreement high-intensity resources. MDH also started the development of an inpatient bed registry and a partnership with Maryland 211 to assist emergency rooms with locating community discharge resources as well as addressing the broader overstay issues.

In 2022, MSDE developed the Maryland School Mental Health Response Program to provide timely consultation and support to Local Education Agencies (LEAs) across Maryland to address student and staff mental and behavioral health concerns. The program partnered with the National Center for School Mental Health at the University of Maryland School of Medicine to provide technical assistance, expertise, and training. As part of the program, the Maryland School Mental Health Response Team was created. This one centralized team includes a director, clinical psychologist, two school social workers, a substance use counselor, a behavior analyst, a school counselor/system navigator, and a school nurse. The goal of the team is to enrich and enhance, not replace, the work of site-based student support personnel. During the months of May and June, outreach to each LEA was done by the team to complete a needs assessment and create an action plan to address the mental and behavioral health needs of the LEA. All 24 LEAs across Maryland worked with the team to begin to implement their action plan. MSDE also offered technical assistance sessions to prospective Autism Waiver providers prior to submission of their provider application to coach them through the application process, and the electronic Provider Revalidation Enrollment Portal (ePREP) process in an attempt to promote successful outcomes for recruitment of Autism Waiver providers. Additionally, a specialized professional development session was offered to current providers to discuss expansion of services, emphasizing the need for additional residential habilitation providers.

In 2022, the Maryland General Assembly passed legislation that codified recommendations from the Juvenile Justice Reform Council. The legislation raised the age of juvenile court jurisdiction to 13 for all youth, and carved out an exception for youth between 10-12 if they have been accused of a crime of violence. Additionally, the bill expanded DJS' ability to use pre-court supervision for youth who have committed a non-violent felony without state attorney approval. The bill created a pathway for youth to have their case returned to intake for pre-court supervision prior to adjudication. It also limited the court's ability to detain or commit youth on

misdemeanor offenses or technical violations of probation. Finally, the bill created time limits on probation. The bill went into effect on June 1, 2022. DJS provided training to all key stakeholders and provided material to explain the changes on their website.

DHS remains committed to reducing entries and reentries into foster care through the full implementation of the child welfare Integrated Practice Model. While Maryland presently holds the distinction of having the second lowest foster care entry rate in the country, there are continued efforts to maintain this standard. In FY 2023, DHS will specifically focus on permanency achievement for children in foster care. DHS intends to expand implementation of the Family First Prevention Services Act (FFPSA) and the EBPs available to support children and families; and expand the needed access to non-family based settings to meet the needs of pregnant and parenting youth, parents in recovery, as well as victims of human trafficking. Moreover, DHS continues to collaborate with its court partners to support their implementation of DHS' Family Teaming policy and their understanding of teaming as an effective tool for achieving permanency. In an effort to maximize permanency for children, DHS intends to focus on relative as well as non-relative Guardianship as a vehicle to increase safe and stable permanency outcomes. To achieve this effort, DHS will ensure that Guardianship resources are well-supported through its Aftercare services and equally well-connected to post-Guardianship community-based resources.

Strategies for FY 2023 and Conclusion

The Children's Cabinet continues to address out-of-home and out-of-state placements in several ways, including strong communication and collaboration between the child-serving agencies and the development of quality educational, treatment, and residential services in Maryland so that children with intensive needs can be served in the least restrictive setting appropriate to their individual needs. In FY 2022, Maryland saw continued decreases in the number of youth experiencing residential placements and lengths of stay. The counties continue to work on keeping youth close to home when a placement is necessary, and ongoing development of community-based resources remains a focus. In FY 2023, the Children's Cabinet will continue to build on these successes and will look to improve data collection, reporting, and transparency. The creation of the data dashboards to show the information required in a usable way is a huge start in that effort. A continued focus on training, outreach, and partnership building with stakeholders also remains a priority.

BHA is committed to finding both short and long-term solutions to the challenges surrounding youth in hospital overstays and youth without an appropriate residential level placement, when that has been determined to be medically necessary and appropriate. BHA and MDH Operations have bought six additional high intensity beds for the IDD population, and are actively finalizing RTC licensure/certification for four new "high acuity" RTC beds. BHA continues to work with

its existing RTC providers to problem solve and identify solutions to allow providers to safely accept the most challenging youth on a case-by-case basis. Furthermore, BHA in partnership with DHS, has been meeting weekly to collaboratively resolve the placement challenges for Maryland's most complex youth, regardless of lead agency.

BHA will continue to work with its RTC and Medicaid partners to expand upon the efforts that began in FY 2022, regarding rate structure and specialized or enhanced bed capacity for the complex youth currently experiencing acute placement challenges. Many of these efforts are highly individualized and BHA seeks to identify more generalizable categories of need. These projects will continue to evolve throughout FY 2023-2024.

Moving forward, BHA will expand outreach to out-of-state RTCs in an attempt to build new relationships and encourage providers to explore joining the Maryland Medicaid provider network. BHA continues to invest financial and personnel resources to define and address bed needs across the out-of-home spectrum. BHA is also working to expand its capacity to divert from out-of-home placements, both through offering general resource and referral options under the 211P4 efforts, and by strengthening and expanding provider capacity under both Targeted Case Management (TCM) care coordination and 1915i waiver intensive in-home EBP services. The expectation is that by improving the services and supports available to families in their natural settings, families will be better able to maintain their youth at home, and will be more quickly able to accept them back into a home and community setting.

DHS continues to address the needs of youth entrusted to its care. In FY 2023, DHS will work toward procuring additional in-state services for respite and child placement through expansion with new and existing providers. This includes specialized recruitment of additional foster families through a comprehensive statewide campaign building upon the lessons learned through the Center for Excellence (CfE) initiative. In addition, DHS will expand the implementation of FFPSA, including the range of EBPs available to support children and families, maximizing where possible access to non-family based settings to meet the needs of pregnant and parenting youth in foster care, the needs of parents in recovery, as well as victims of human trafficking. DHS will also work to expand FFPSA's provision for the Qualified Residential Treatment Program (QRTP) designation for existing or new residential service providers. This work includes developing a Request for Proposal (RFP) for the purpose of seeking additional Qualified Individuals to facilitate QRTP assessments.

MSDE continues to support preventative service initiatives to hold or reduce the need for nonpublic placements with the goal for LEAs to build capacity for placements. Ongoing technical assistance opportunities are designed to support LEAs and nonpublic special education day and residential schools in enhancing programming for students to ensure effective and individualized service packages. MSDE also partnered with DDA to strategize provider

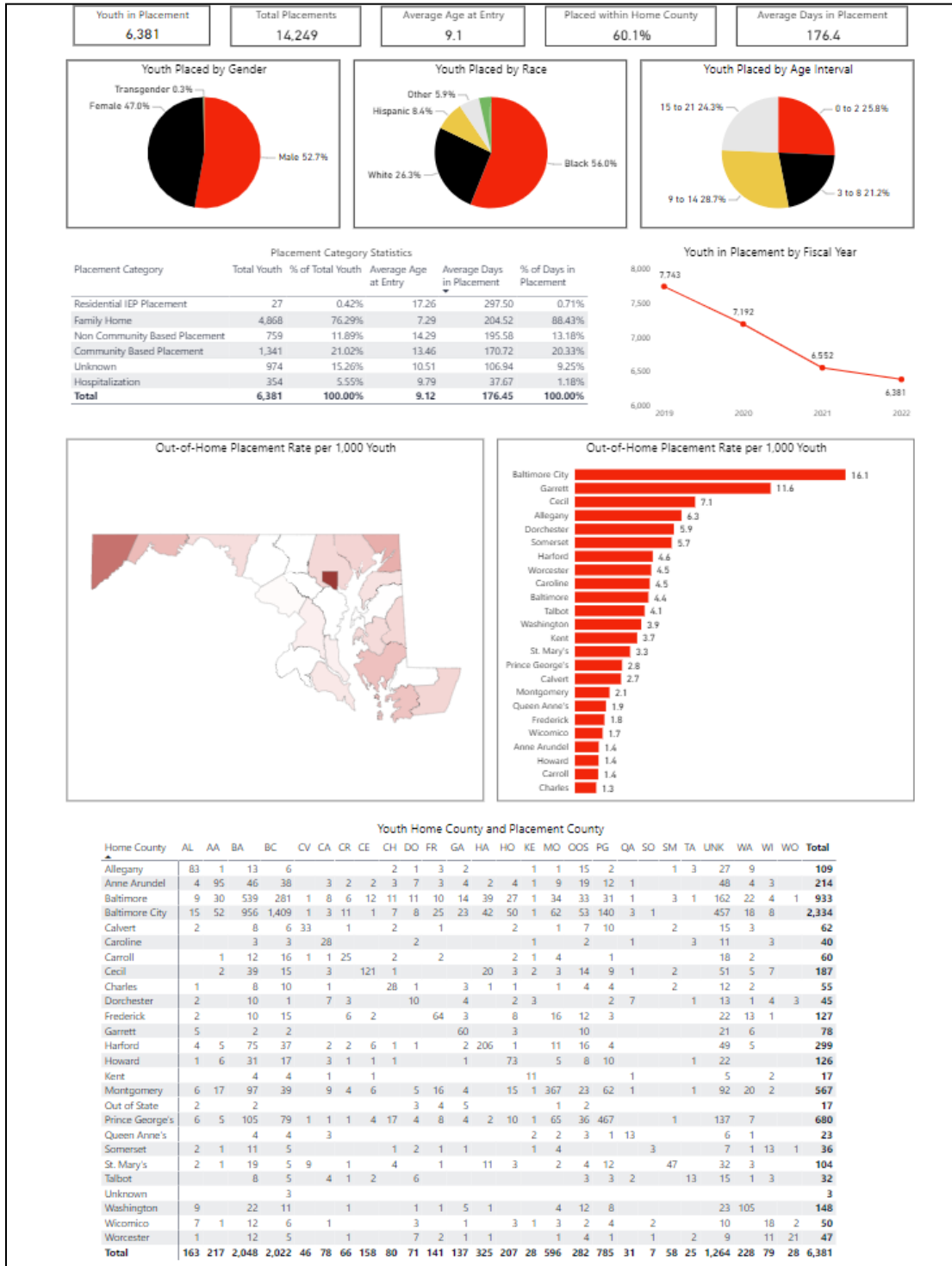
recruitment for all services, specifically residential habilitation, beyond the State of Maryland in an attempt to conduct outreach to providers in neighboring states. A focused and unified approach to outreach will present multiple funding streams and opportunities available throughout Maryland at one time. MSDE will continue to collaborate with partners regarding provider recruitment and will conduct targeted outreach of out-of-state providers. MSDE will also focus on enhancements to the Autism Waiver prospective provider process to include information about electronic visit verification (EVV) for Autism Waiver personal care services. In addition, the Maryland School Mental Health Response Team will continue to provide school mental health consultation services, technical assistance, and professional development to LEAs across the state. Data is collected on each encounter with an LEA. The team will continue to analyze the data to identify trends and gain better efficiency in responding to the needs of the LEAs. Some of those needs include complex behavioral case analysis support, multi-tiered system of supports and mental health integration, mental health screening, crisis response, LGBTQIA+ resources, community referrals and partnering, data collection, and substance use resources. The program will continue to hold monthly learning community meetings where best practices across LEAs are shared on relevant school mental health topics, trends, and concerns. All materials and resources are shared via an online platform that all 24 LEAs can access and share.

DDA continues to offer a variety of support services to youth who are eligible for DDA and meet the requirements for the DDA waivers through the Home and Community-Based Services (HCBS). DDA focuses on six areas to meet the needs of people receiving services: Assistive Technology, Self-Determination, Self-Advocacy, Employment, Independent Living, and Supporting Families. DDA will continue to partner with DHS to identify DDA licensed providers to support youth in need of out-of-home services. DDA will also continue to strategize ways to support the community.

The Governor's Office of Crime Prevention, Youth, and Victim Services looks forward to working on these strategies with the Children's Cabinet agencies in order to ensure the well-being of Maryland youth.

Appendix

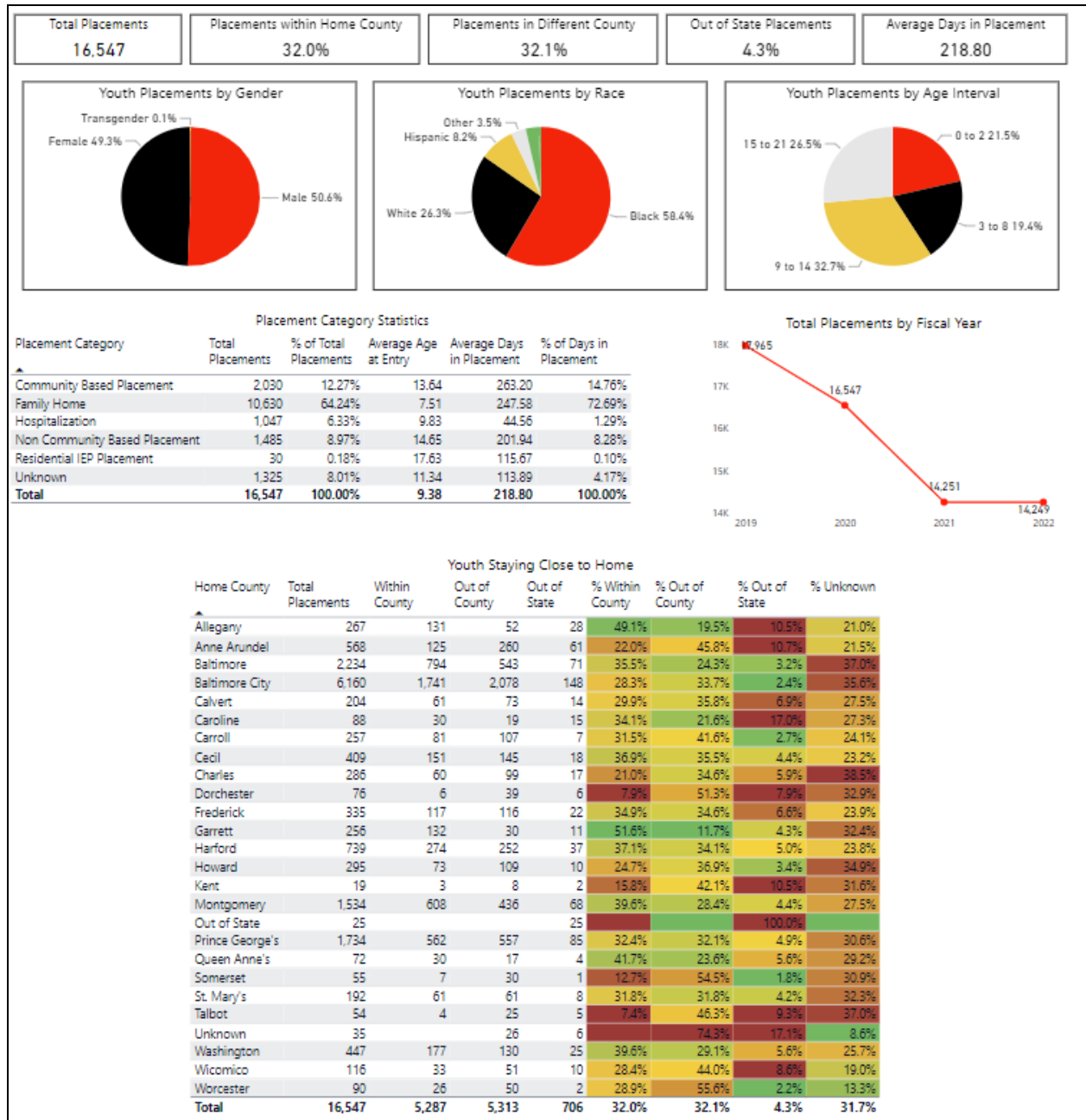
Number of Youth in Out-of-Home Placement During FY 2022



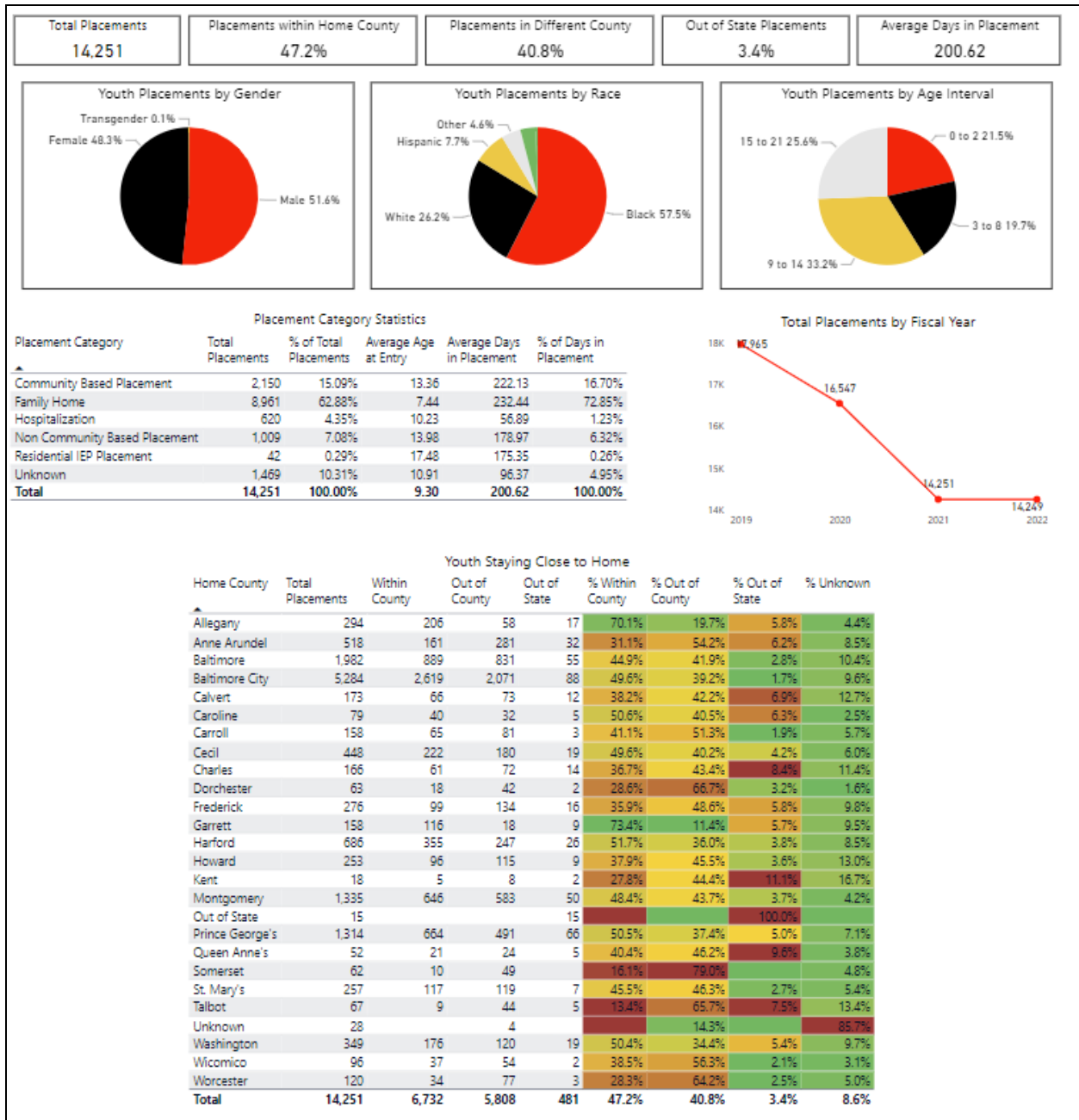
Number of Out-of-Home Placements for Fiscal 2020, 2021, and 2020

Please refer to the following illustrations as it relates to the number of out-of-home placements for each identified fiscal year.

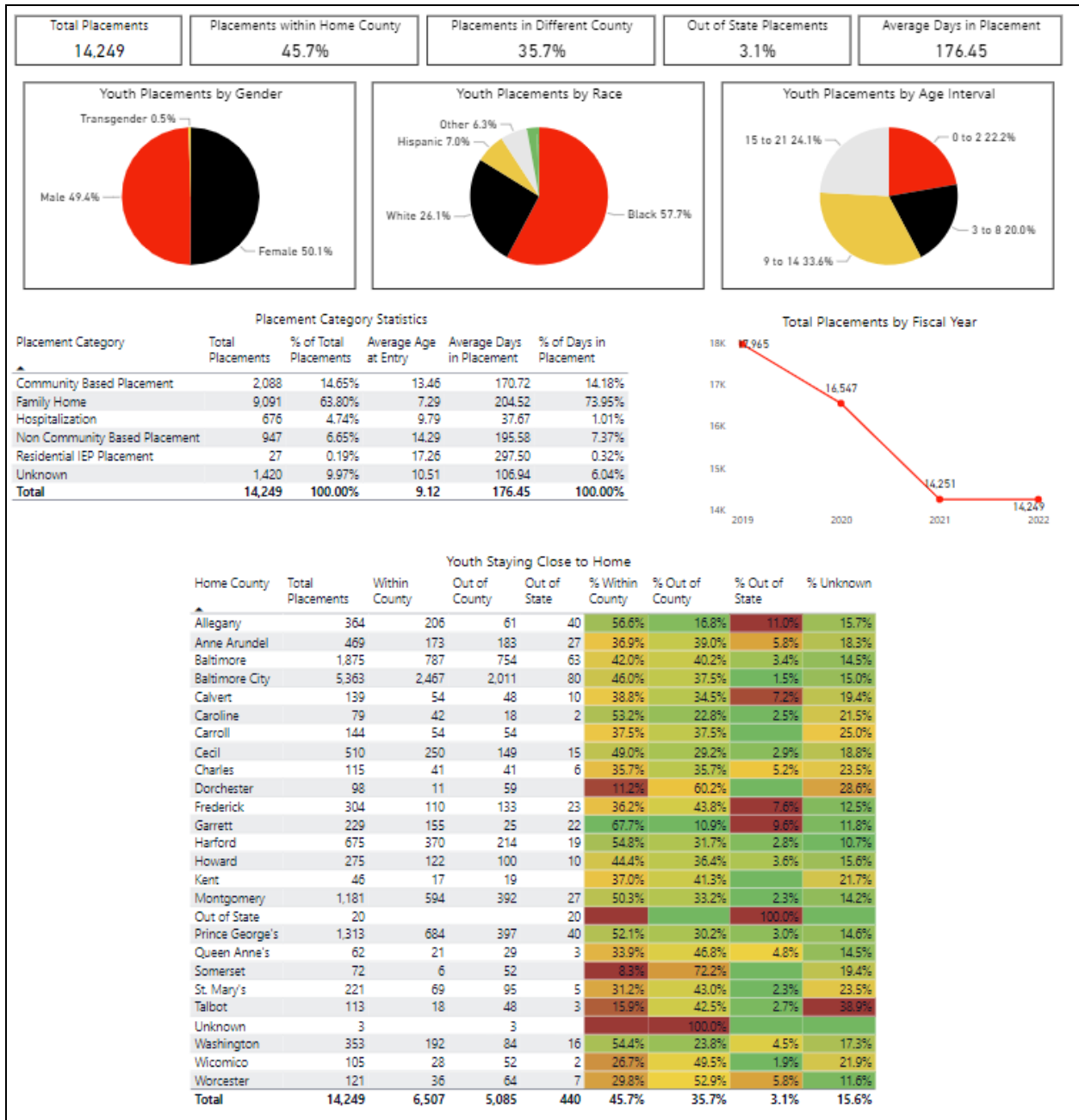
Number of Out-of-Home Placements in FY 2020



Number of Out-of-Home Placements in FY 2021



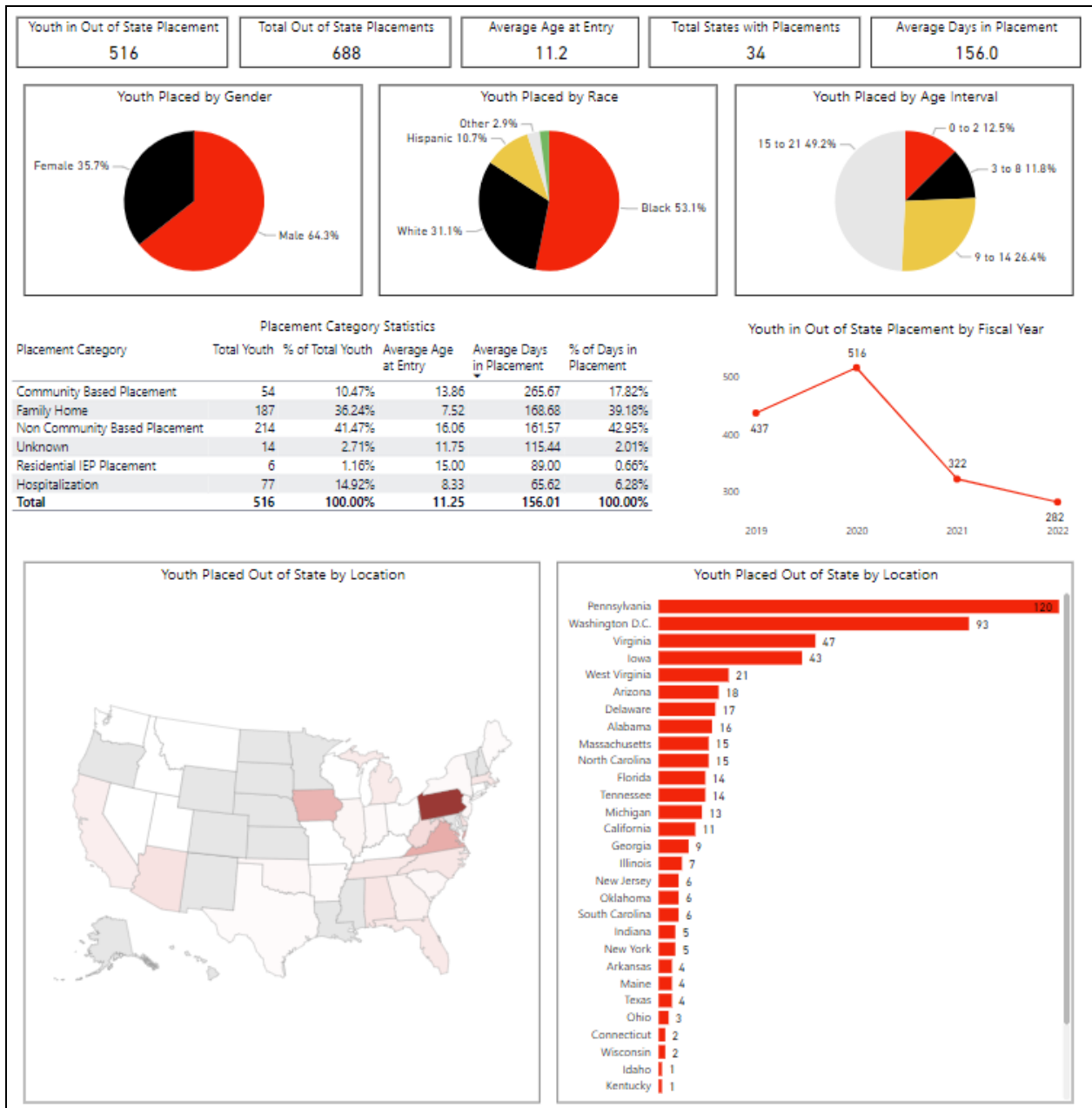
Number of Out-of-Home Placements in FY 2022



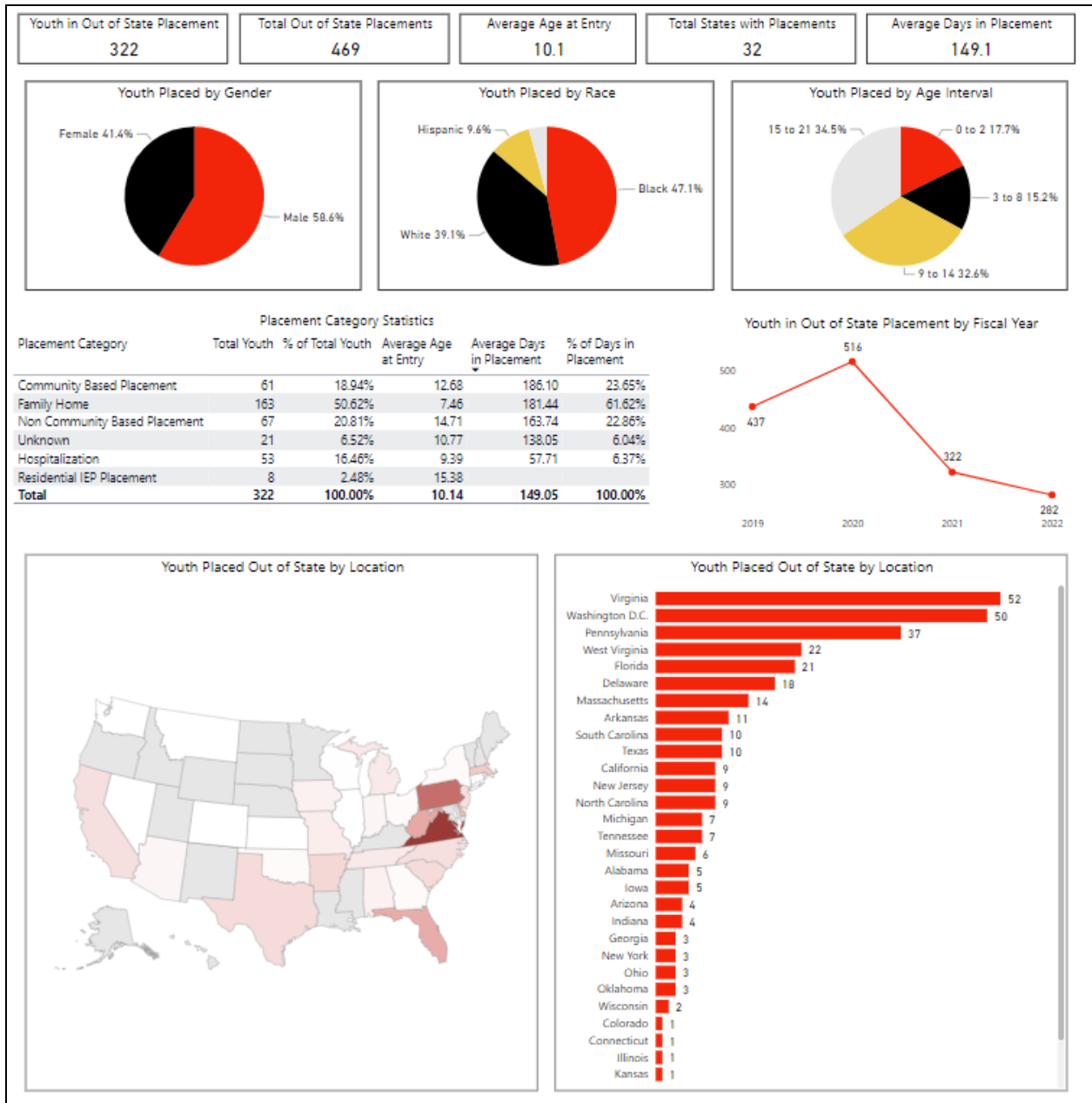
Number of Out-of-State Placements for Fiscal 2020, 2021, and 2022

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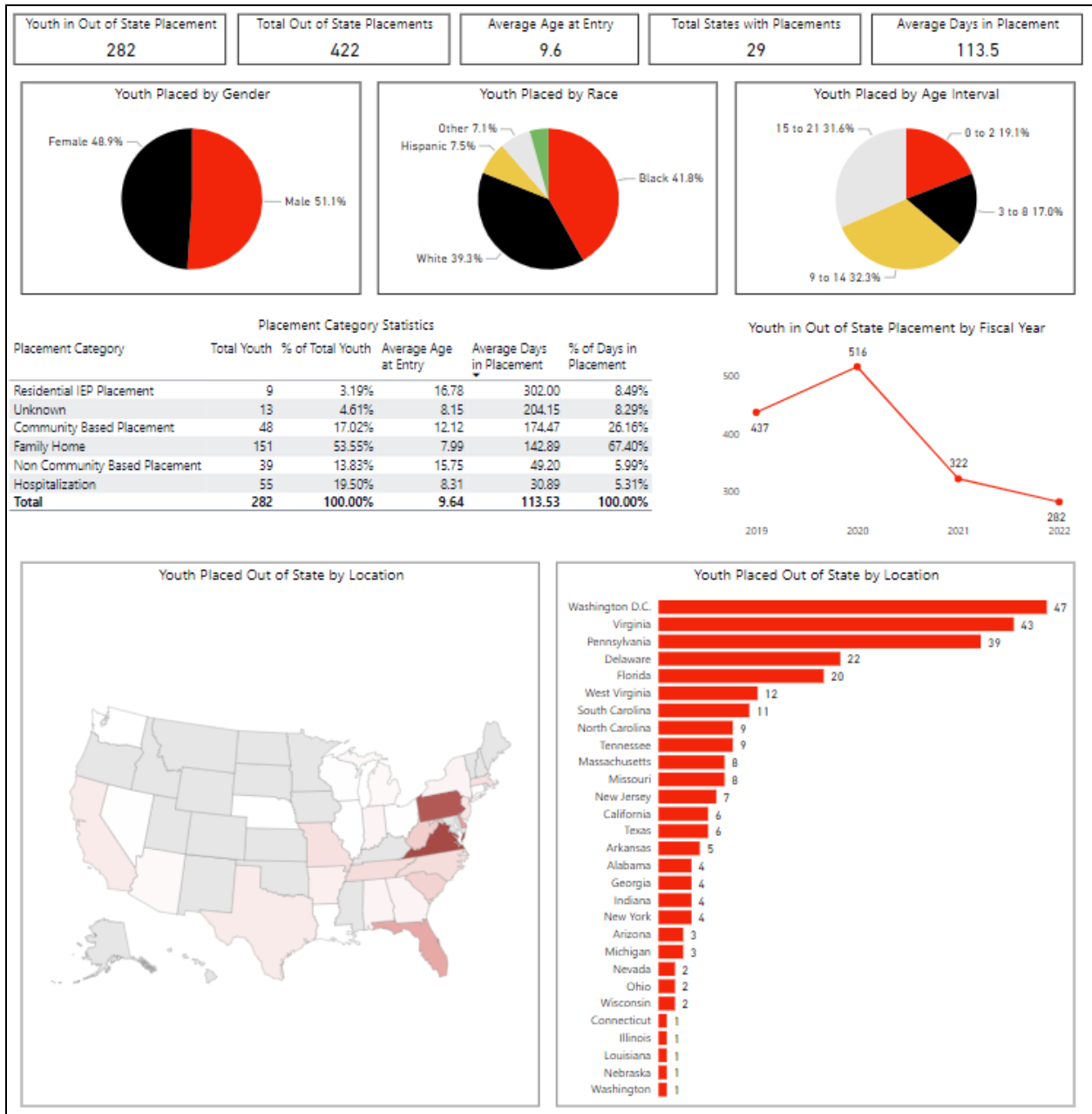
Number of Out-of-State Placements in FY 2020



Number of Out-of-State Placements in FY 2021



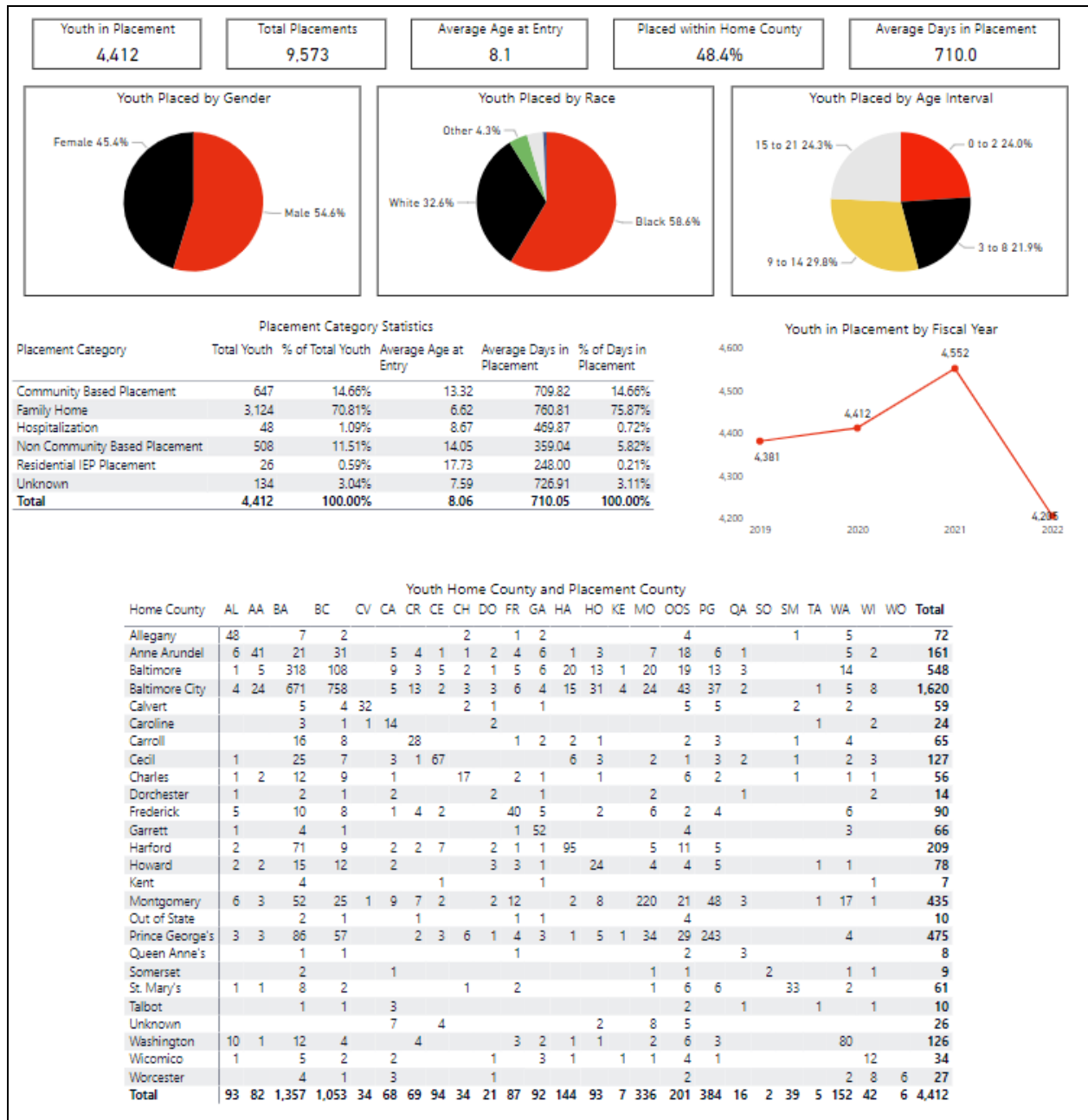
Number of Out-of-State Placements in FY 2022



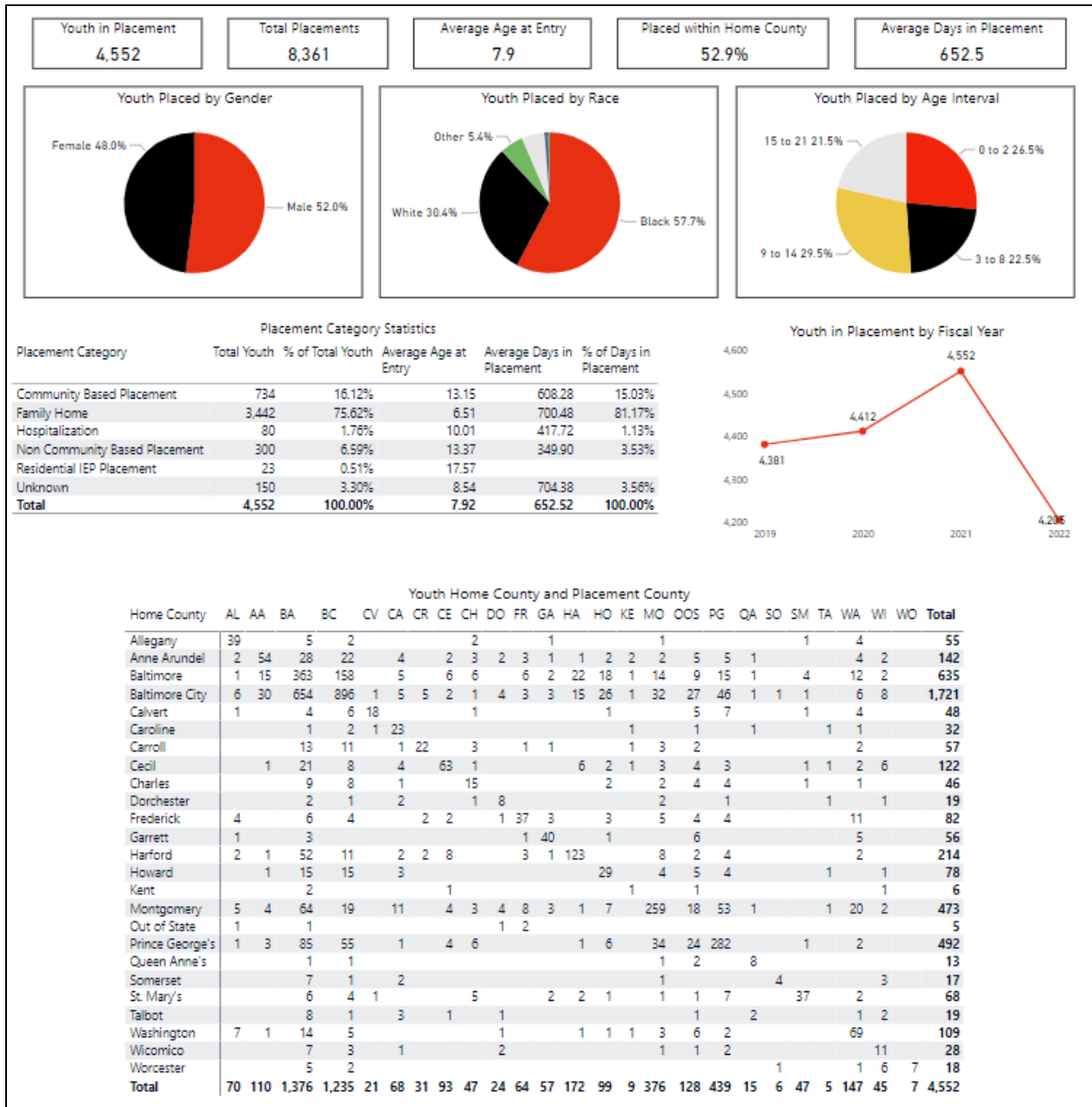
Number of Youth in Out-of-Home Placement (as of January 1) for Fiscal 2020, 2021, and 2022

Please refer to the following illustrations as it relates to the one-day counts for youth in out-of-home placements (as of January 1) for fiscal 2020, 2021, and 2022.

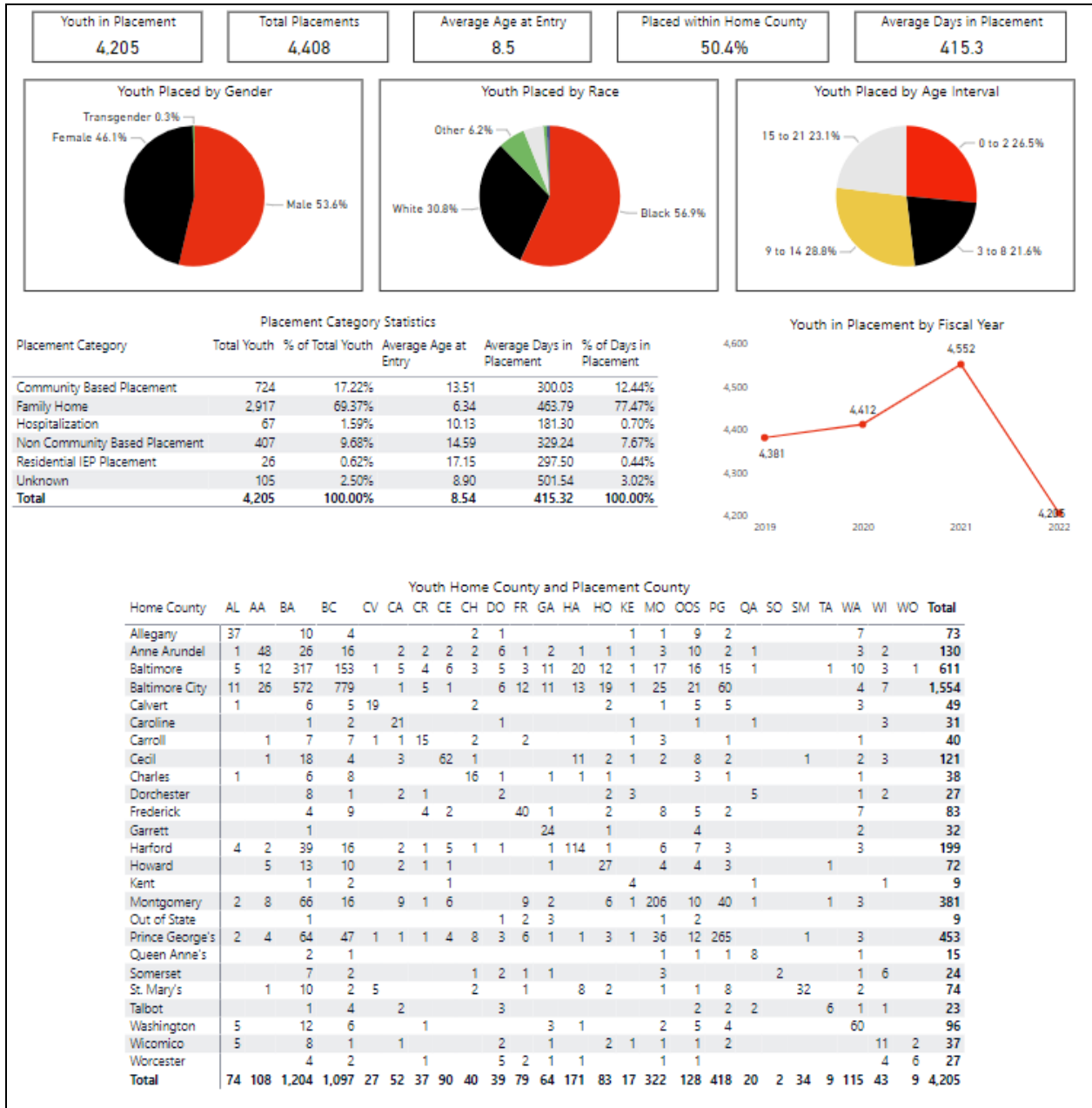
Number of Youth in Out-of-Home Placement as of January 1, 2020



Number of Youth in Out-of-Home Placement as of January 1, 2021



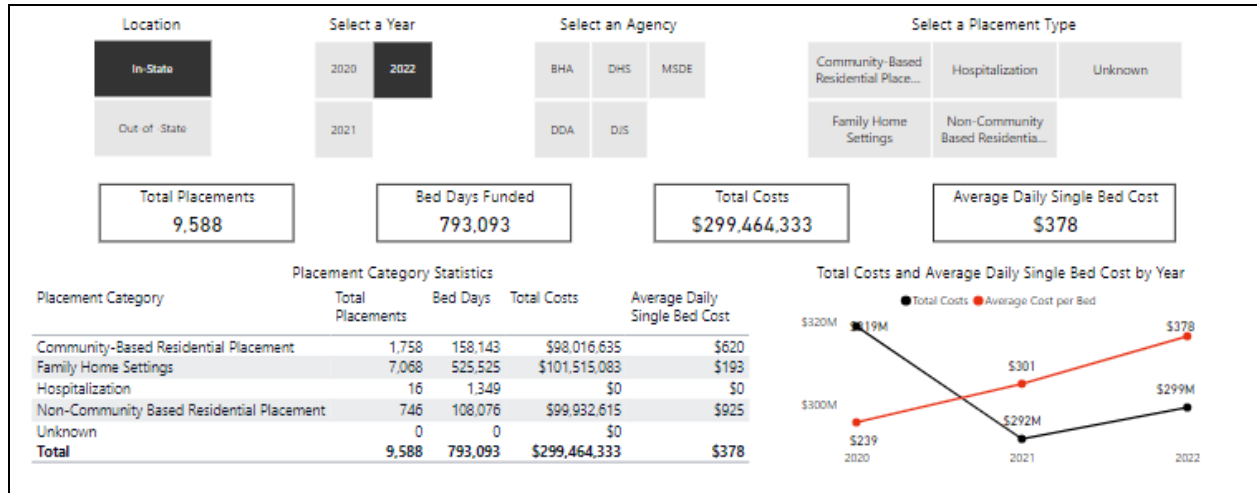
Number of Youth in Out-of-Home Placement as of January 1, 2022



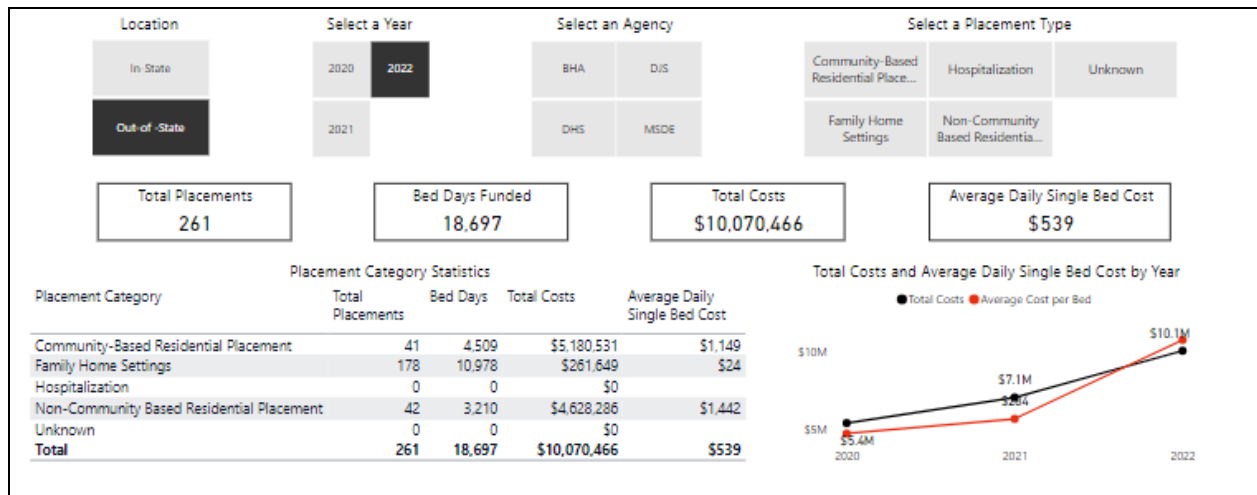
Costs Associated with Out-of-Home Placements

Please refer to the following illustrations as it relates to the costs associated with in-state placement and out-of-state placement.

Costs Associated with In-State Placement



Costs Associated with Out-of-State Placement



Review of Provider Information for FY 2022

