



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

**FY 2023 State of Maryland Out-of-Home Placement
and Family Preservation Resource Plan**

*2023 Joint Chairmen's Report - FY 2024 Operating and Capital Budgets
(Pages 267-268); Human Services Article § 8-703(e); MSAR #6523*

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Aruna Miller
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January 9, 2024



WES MOORE
Governor

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Lieutenant Governor

January 9, 2024

The Honorable Chair Guy Guzzone
Senate Budget and Taxation Committee
Miller Senate Office Building, Suite 3 West
11 Bladen Street
Annapolis, MD 21401

The Honorable Chair Benjamin Barnes
House Appropriations Committee
House Office Building, Room 121
6 Bladen Street
Annapolis, MD 21401


RE: Report required by 2023 Joint Chairmen's Report (Pages 267-268); Human Services Article § 8-703(e) (MSAR #6523) - FY 2023 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan

Dear Chairs Guzzone and Barnes:

In accordance with the 2023 Joint Chairmen's Report - FY 2024 Operating and Capital Budgets (Pages 267-268) and § 8-703(e) of the Human Services Article, please find an enclosed copy of the Governor's Office of Crime Prevention, Youth, and Victim Services', the Department of Human Services', the Department of Juvenile Services', the Maryland Department of Health's, and the Maryland State Department of Education's joint report, titled *FY 2023 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan*. This report includes information on out-of-home placement trends, children's needs in Maryland, and how agencies are meeting those needs.

The 2023 Joint Chairmen's Report - FY 2024 Operating and Capital Budgets (Pages 267-268) also restricts \$500,000 of the general fund appropriation (\$100,000 for the Governor's Office of Crime Prevention, Youth, and Victim Services' Children and Youth Division, \$100,000 for the Department of Human Services Social Services Administration, \$100,000 for the Department of Juvenile Services, \$100,000 for the Maryland Department of Health Developmental Disabilities Administration, and \$100,000 for the Maryland State Department of Education) until the report is submitted. With the submission of this report, the Governor's Office of Crime Prevention, Youth, and Victim Services, the Department of Human Services, the Department of Juvenile Services, the Department of Health, and the Maryland State Department of Education respectfully request the release of restricted funds. Should you have any questions relating to the information provided, please feel free to contact me at 410-697-9338.

Sincerely,


Dorothy J. Lennig, Esq.
Executive Director

cc: **President William C. "Bill" Ferguson IV**
Speaker Adrienne A. Jones
Sarah Albert, Department of Legislative Services (5 copies)

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Executive Summary

Pursuant to the [Maryland Annotated Code, Human Services Article, § 8-703\(e\)](#) and the [2023 Joint Chairmen’s Report - FY 2024 Operating and Capital Budgets \(Pages 267-268\)](#), 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 Maryland¹.

For the purpose of this Report, child-serving agencies provided “served data” for FY 2023 (July 1, 2022 - June 30, 2023), the group collectively identified the following highlights pertaining to the requirements for this Report:

The data used to formulate this data set is served data. Served data includes all cases that were open at the beginning of the month as well as new cases that were opened during the month. This accounts for all children served in Foster Care regardless of the removal end date. Using this information, the Governor’s Office of Crime Prevention, Youth, and Victim Services and child-serving agencies identified the following highlights pertaining to the requirements for this Report (*as listed below*):

- There were 152 out-of-home residential placement programs for Maryland youth in FY 2023. From this total, 101 were identified as trauma-informed treatment providers of which 50 also provided discharge planning and family-based aftercare.
- Only two Diagnostic and Evaluation Units were identified in the State, both located in Baltimore County.
- 6,083 youth experienced at least one out-of-home placement in FY 2023. This represents a continued downward trend from a high of 7,743 youth who experienced a placement in FY 2019.
- 14,609 different placements were made across all child-serving agencies in FY 2023.
- The average number of days a youth spent in placement increased by 28.8%, from 176.4 in FY 2022 to 227.17 in FY 2023. As a comparison, the average number of days in placement for a youth pre-pandemic was 218.95 in FY 2020.²
- The average daily single-bed cost was \$388 in FY 2023.³

¹ Amendments to the content of this report may be submitted at the request of a contributing agency.

² The average number of days was calculated using all placement types.

³ The financial data in the dashboard does not include costs for hospitalizations. Specific hospital costs could not be obtained at the time this Report was drafted. Updates will continue to be made to the dashboard as information is received.

- 278 youth were placed out-of-state at some time in FY 2023, a 46.12% decrease from the recent high in FY 2020. The majority of youth placed out-of-state were placed in a family home.
- Residential Treatment Centers and other high-level residential programs do not currently offer services to adequately address the ongoing needs of the youth identified as at risk for a hospital overstay or going out-of-State. The percentage of youth going out-of-state for a hospitalization or non-community based placement is continuing to decline, but remains approximately 32% of all youth experiencing an out-of-state placement.
- Children in need of an out-of-home residential placement were placed within their home county 46.9% of the time in FY 2023, an improvement from FY 2022 (45.7%) and FY 2021 (47.2%). It also represents a 34.38% improvement for in-county placements since FY 2020. The counties with the lowest in-county placements were Dorchester, Talbot, and Somerset.

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 2024, to develop those resources. Given the importance of data to inform decisions, this Report also includes screenshot images of an interactive data dashboard that allows users to view the data most relevant to their needs. The intent of the dashboard is to provide policy-makers with a visual representation of residential childcare 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 service gaps is also paramount for positive outcomes for youth and families that need these services.

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 Governor’s Office of Crime Prevention, Youth, and Victim’s website at: <http://goccp.maryland.gov/data-dashboards/out-of-home-placement-dashboard/>.

Introduction and Overview

In accordance with the Maryland Annotated Code, Human Services Article, § 8-703(e) and the 2023 Joint Chairmen’s Report - FY 2024 Operating and Capital Budgets (Pages 267-268), this Report serves 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 2023, the child-serving agencies conducted assessments of the current landscape for out-of-home placements and how improvements could be made. These agencies continued the priority of reducing youth overstaying medical necessity in hospitals and emergency rooms. While keeping children in-state is not always possible because of 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 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 2023. 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 2023 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. 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. In 2022, the Maryland General Assembly limited the court's ability to place youth adjudicated delinquents of a misdemeanor offense to be placed in an out-of-home placement, unless it's a handgun adjudication. 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 continues to strengthen 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.

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.

Out-of-home placements are reserved for higher-risk youth with treatment needs that can only be met with a committed placement.

Maryland Department of Health (MDH): MDH is not a placement agency for behavioral health; however, it funds placements in Residential Treatment Centers (RTCs) through Medicaid. Additionally, the MDH Healthcare System operates two RTCs: The Regional Institute for Children and Adolescents Baltimore (RICA Baltimore) located in Baltimore, Maryland and the John L. Gildner Regional Institute for Children and Adolescents (JLG RICA) located in Rockville, Maryland. Both RICAs serve children and adolescents in a residential setting who are experiencing emotional, behavioral, and learning difficulties. Historically, the majority of the work done by the Behavioral Health Administration (BHA), in the context of this Report, stems from building out a macro-level service array to lower the need for out-of-home placements - both inpatient and residential settings (PRTF/RTC).

Beginning in FY 2022, 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. In late FY2022 and early FY 2023, MDH began the realignment of Medicaid funded RTC base rates and the development of a tiered system intended 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 2023, MDH have also led several expanded projects, to include the development of an inpatient bedboard to better identify available inpatient beds (reducing ED overstay), the establishment of the 211P4 care coordination process designed to assist with the identification of community resources in support of those youth in ER overstay, and staff resources to focus on identifying solutions regarding those youth (inpatient or ER) who are unable to be placed in an RTC. Additional funding has been allocated towards the development of additional high intensity residential level beds, with the expected dates of first utilization of these beds being mid-year FY 2024.

In FY 2023, Medicaid funded 168 placements in an RTC for youth who were not under the care of another agency. This represents an 15.1% increase when compared to FY 2022. 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.

MDH is not a placing agency for youth with intellectual/developmental disabilities and cannot place or fund a youth in an out-of-state placement. However, in-state services are available for youth who meet the Developmental Disabilities Administration (DDA) eligibility criteria and Medicaid Home and Community Based Services (HCBS) waiver eligibility criteria. The youth must qualify through the Maryland Community Pathways Waiver, Community Supports Waiver, or Family Supports Waiver. The Community Pathways Waiver is the DDA's largest Medicaid

waiver program, and includes residential services (including both in-home and out-of-home) in addition to non-residential services. The Community Supports Waiver and the Family Supports Waiver offer a wide range of non-residential support services focused on community contexts. These services are meant to support 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. In FY 2023, DDA funded 45 youth (ages 18-21) in out-of-home placements.

MDH through DDA licenses children's residential group homes for children and youth who have intellectual/developmental disabilities and children who are medically fragile. These group homes contract with the Department of Human Services and the Department of Juvenile Services to serve their youth.

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 2023, 26 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 1,600 participants in FY 2023. 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/Waitlist.

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 2023, there were 24 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

The Department of Human Services provides family preservation services 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 Family Preservation services.

From 1990 to the present, Interagency Family Preservation Services (IFPS) was added in Maryland as an interagency approach to preserving families with children at imminent risk of placement from all child-serving Agencies. Until FY2008 IFPS was administered by the Governor’s Office for Children, after which the program and the funding were integrated into the Department of Human Services’ Family Preservation Services program.

Family Preservation Services 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 family preservation services 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 Family Preservation Services, and for children who had recently received Family Preservation Services.

The Department of Human Services family preservation services are separated into two categories:

1. Interagency Family Preservation Services; and
2. Family Preservation Services – 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 (Family Preservation and IFPS) will be presented, 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 five-year summary for Total In-Home services, Family Preservation Services, and Intensive Family Preservation Services. A review of the last five years' information on overall served cases indicates there has been a 9% decrease in the overall number of families and in the number of children served in all In-Home services programs from FY2019 to FY2023.

Families and Children Served and Newly Served*						
Total In Home 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	4,782	9,880	2.1	3,657	7,370	2.0
FY 2022	5,826	12,031	2.1	4,607	9,322	2.0
FY 2023	6,210	12,871	2.1	4,986	10,314	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	4,315	8,905	2.1	3,305	6,626	2.0
FY 2022	5,011	10,361	2.1	3,926	7,945	2.0
FY2023	5,337	11,134	2.1	4,294	8,971	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	1194	2.2	404	887	2.2
FY 2020	411	889	2.2	296	648	2.2
FY2021	298	614	2.1	203	420	2.1
FY 2022	470	988	2.2	389	817	2.1
FY2023	439	966	2.2	330	723	2.2
*FY 2021 - 2022 data revised						

There has been a 10% decrease in the number of new Family Preservation cases over the past five years, although the decrease during FY2021 was almost non-existent with regards to percentage change. The greatest decreases occurred in FY2020 and FY2021 which is more than likely due to COVID-19. However, there has been an increase in Family Preservation cases over the past two years with a greater increase in the number of new children versus new families (cases), although these increases did not match the counts for FY2019.

There is a similar pattern with the Interagency Family Preservation cases, although the decrease has been 18% over the past five years although there was a significant increase in FY2022 of 6% and 5% for new cases and children respectively, surpassing the FY2019 counts although this did not continue into FY2023. DHS/SSA will continue to monitor to determine the trend direction over the next few years.

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

This analysis focuses mainly on the question “Are the lives of children improved by our involvement?” by measuring the absence of the occurrence of indicated findings of maltreatment, and the absence of placement in Human Services out-of-home care.

The goal of Family Preservation services 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 Family Preservation staff strives to assist families in reaching that goal. Despite these efforts (by both families and Human Services), there are instances of child maltreatment or the need for a child to be removed from the home while in (or after) Family Preservation services.

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. (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

In this analysis, only Human Services out-of-home placements are discussed — while other Maryland agencies place or fund the placement of children, this section discusses only Human Services out-of-home placement among the children who have participated in Human Services Family Preservation services, as these placements are generally due only to child maltreatment. (There is a small proportion of placements due to children’s severe medical/mental health/developmental needs, through Voluntary Placement Agreements: 3.2% as of June 2023, a 0.6% increase from the previous year.)

Two measures are used to analyze the effectiveness of Family Preservation services in preventing child maltreatment and out-of-home placements:

- Did a Child Protective Services investigation result in an indicated finding for children receiving Family Preservation services?
- Did a Human Services out-of-home placement occur for children receiving Family Preservation services?

For each of these indicators, data is analyzed for the time period during which a child received services, and then for the one-year time period after the child received services (see overview in the table below).

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.

Measure	Timeframes	
Did a Child Protective Services investigation result in an <u>indicated finding</u> for children receiving services?	<p><u><i>During Services</i></u></p> <p>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:</p> <ul style="list-style-type: none"> • the In-Home service close date; or • 12 months following the start date of In-Home services. 	<p><u><i>Within 1 Year of Case Close</i></u></p> <p>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.</p> <p>In other words, these are the same children as the “During Services” children whose cases closed during the 12-month observation period.</p> <p>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.</p>
Did a Human Services <u>out-of-home placement</u> occur for children receiving service?		

Total In-Home 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
FY2018	6,073	5,841	96%	12,692	12,174	96%
FY2019	5,171	4969	96%	10,710	10,244	96%
FY2020	3,956	3,708	94%	8,286	7,706	93%
FY2021	3,657	3,518	96%	7,370	7,030	95%
FY2022	4,607	4,501	98%	9,322	9,074	97%
FY2023	4,986	N/A until FY24		10,314	N/A until FY24	

****FY 2021-2022 data revised**

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 most cases close within a year of starting. The child population associated with these cases were observed a year after case closing to determine whether a Child Protective Services Indicated Investigation or Human Services out-of-home placement occurred.

For the “During Services” observation period, it is necessary for a 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 FY2022, and data for events occurring during services is available for children who entered In-Home services in FY2023.

Using this construct, the table shows the number of children who began Family Preservation services in FYs 2018-2023, and those who started Family Preservation services in those years but also completed services within 12 months of their service start date. Although the table below includes data on cases (i.e., families), subsequent data on indicated maltreatment and out-of-home placement will focus on children, not cases.

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
FY2018	6,073	5,841	96%	12,692	12,174	96%
FY2019	5,171	4,969	96%	10,710	10,244	96%
FY2020	3,956	3,708	94%	8,286	7,706	93%
FY2021	3,305	3,179	96%	6,626	6,320	95%
FY2022	3,926	3,841	98%	7,945	7,739	97%
FY2023	4,294	N/A until FY24		8,971	N/A until FY24	

****FY 2021 - 2022 data revised**

Over the past six fiscal years (FY2018 through FY2022), the percentage of families (cases) and children that complete services within one year of beginning Family Preservation services ranged

from 94% to 98%. When viewed from the child perspective, an average of 95% of children were in cases that closed within one year. While there have been fewer newly served families (cases) since FY2019, following COVID-19, the number of cases have been increasing along with those closing within one-year of opening. The number of children look similar when looking at the data for children served. This reduction in families and children served coincides with the increase in available community services and the use of EBPs (evidence based practice) which started with the IV-E Waiver and has continued with the Family First Prevention Services Act (FFPSA). It will be important to consider the impact that families and children served less than one year has with regards to data regarding Child Protective Services and removal of children from their family home.

Indicated Child Protective Services Investigations/Child Maltreatment

During the past six fiscal years, the percentage of children who have experienced an indicated Child Protective Service investigation that resulted in an indicated finding of child maltreatment during Family Preservation services ranged between 2.8% in FY2020 and 1.3% in FY2018 (table below). **Since FY2018, the average percentage of children not experiencing indicated maltreatment during Family Preservation services is 97.7%; for FY2023 the percentage is 98.3%.** The percentage of children experiencing indicated maltreatment increased with a peak reached during COVID-19 safer-at-home period. The number of children had been rising prior to COVID-19, but the percentage is larger due to the fact that there were fewer children being served during the same time period. The substantial decline between FY2022 and FY2023 is approaching the percentage observed in FY2018 when it was the lowest. However, since this data will be revised (as a result of data not yet available) it will be important to monitor. It is also important to keep in mind the number of children involved as the overall numbers have increased.

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	2.8%	277	4.5%	447	4.0%	391	1.3%	126
FY 2022	2.7%	325	5.3%	641	4.3%	517	1.5%	175
FY 2023	1.7%	213	NA until FY24		2.8%	358	NA until FY24	
*FY 2021-2022 data revised								

Within one year of case closure, an average of 4.7% of children experienced an indicated finding of maltreatment; therefore, **since FY2018, an average of 95.3% of children did not experience an indicated maltreatment finding up to one year after finishing In-Home services** (see table above).

Family Preservation Services saw a sizable decrease in the number of children experiencing an indicated Child Protective Services Investigation during services in FY2018 followed by a substantial increase which remained constant followed by a decrease during FY2023. However, when looking at the number of children, there was actually a decrease in the number of children who experienced maltreatment since FY2019. Interagency Family Preservation Services has seen fluctuation in the percentage of children experiencing indicated Child Protective Services Investigation Services with both increases and decreases but the actual number of children is small due to the smaller number of cases (see below). These are typically the families where there are greater needs but the percentages are still quite low, 0.6% to 2.7%, with an average of 98.2% of children **not** experiencing maltreatment.

For the one-year period after services, there has been a fluctuation in CPS maltreatment, with Family Preservation cases experiencing an increase of 5% between FY2018 to FY2019 followed by a 2% decrease (from 6.4% in FY2019 to 4.4% in FY2020). There was a slight increase in FY2021 and then a much larger increase in FY2022 to 5.4%. The increase in maltreatment within 12 months of case closure is something to monitor. With FFPSA, there has been a focus on serving more children with their family of origin rather than removing them from the home but it is equally important to ensure that child safety is not jeopardized. The number of children being served has increased which might also lead to a reduction in maltreatment following case closure. Interagency Family Preservation experienced an increase in FY2019 of 4.5%, and then decreased the next two years, followed by an increase to 5.7% in FY2022. This is lower than FY2019 but substantially greater than the two years. However, those years are also those with the greatest number of children served. 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 2017	2.5%	289	3.8%	289	4.8%	363	2.2%	164
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	2.8%	252	4.7%	414	4.0%	358	1.2%	109
FY 2022	2.8%	290	5.4%	556	4.5%	462	1.5%	152
FY 2023	1.6%	177	NA until FY24		2.7%	305	NA until FY24	
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 2017	2.8%	28	3.5%	35	3.1%	31	2.0%	20
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	1.6%	10	3.4%	21	3.9%	24	1.5%	9
FY 2022	2.0%	20	5.7%	56	3.6%	36	0.9%	9
FY 2023	2.1%	20	NA until FY24		2.9%	28	NA until FY24	

During FY2021 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 and so Maryland will monitor the outcomes for children who receive Family Preservation Services over the next few years, both with regards to those children who are determined to have been maltreated either during family preservation services or within 1 year of case closure or those who experience out-of-home placement either during or within one year of the closure of family preservation services provided to the family.

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

The general rate of out-of-home placement during Family Preservation services has ranged from 2.7% to 4.5%, with a percentage of 2.7% in FY2023. **Overall, an average of 96.4% of children served in Family Preservation services from FY2018 to FY2023 were able to remain with their families during Family Preservation services 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% for the past five years, with the lowest rate (1.2%) in FY2021. For these past five years, an average of **98.3% of children remain in their home and avoided out-of-home placement within the first year after receiving Family Preservation services.** This shows that even though there have been increases in those children with indicated maltreatment following case closure, the percentage who experience removal has substantially decreased since FY2019.

For out-of-home placement, the percentage of children in Interagency Family Preservation who entered out-of-home care during services has increased since FY2018 from 2.3% to 3.9% in FY2021 and decreased over the past two years, although the number of children was actually higher for the lowest percentage than the highest, due to the total number of children served. In contrast, the percentage of children entering out-of-home placement after Interagency Family Preservation averages 1.8% which is almost the same as those following Family Preservation. This is a significant decrease from FY2019 (3.1%) to FY2022 (0.9%) and Maryland will continue to monitor the data to determine if there are changes following the implementation of Family First Prevention Services as described above.

Family Preservation Summary

Human Services Family Preservation services are a critical component of meeting the needs of thousands of vulnerable children and their families. In FY2023, approximately 12,871 children from 6,210 families received Human Services In-Home services (Table for Families and Children Served and Newly Served). While the number of children and families served through In-Home Family Preservation Services has remained high, the number of children in out-of-home Foster Care has continued to decrease. As of June 30, 2022, there were 3,951 children in Human Services out-of-home care (Foster Care Milestone, June 2022 data). The provision of Human Services Family Preservation services and other community supports are crucial in keeping children in their homes and families.

The Department of Human Services has worked through FY2023 continuing 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 Involvement Meetings. Child, youth, and family engagement are essential in the Human Services' practice model, which also relies on community support and services. Providing Alternative Response, Family Preservation services, 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.

Maryland has implemented various evidence-based and promising practices. Over the next twelve months, DHS plans to scale current programs and develop capacity for additional programs statewide through the revisions and enhancement of Maryland's Family First Prevention Services Plan.

These practices and programs include:

- Functional Family Therapy (FFT), available in 9 jurisdictions with 95 slots;
- Multisystemic Therapy (MST), available in 3 jurisdictions with 20 slots;
- Parent Child Interaction Therapy (PCIT), available in 3 jurisdictions with 79 slots;
- Healthy Families of America (HFA), available in 7 jurisdictions with 117 slots;
- Nurse Family Partnership (NFP), utilized in Baltimore City
- Sobriety Treatment and Recovery Teams (START), available in 8 jurisdictions (259 families referred with 132 families consenting to services).

Throughout FY2024, DHS/SSA is working with community stakeholders to update the Title IV-E Prevention Plan to further enhance the community services available to families and children to ensure that those children who remain with their families of origin remain safe.

Summary and Statewide Strategies

FY 2023 Highlights

In FY 2023, the child serving agencies partnered together to target resource development for both community-based and residential services needed by Maryland youth. In addition, the Secretaries of MDH, DHS, 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. Each agency has taken the opportunity to assess the state of out-of-home placement, community-based service arrays and how best to create an accessible and inclusive system of care for children and families.

During FY2023, DHS reengaged the provider community by holding the first in-person meeting to discuss placement needs and services, as well as provider needs to serve the youth who are currently being referred for placement services. The monthly Provider Advisory Council (PAC) meetings were re-established as well as a Provider/LDSS Relations workgroup.

To increase communication and collaboration between hospitals, local departments of social services and SSA to effectuate appropriate safe discharge plans, a youth hospital liaison position was created in July 2022. The liaison meets regularly with hospitals and provides a point of contact for involved parties. In addition, a position for a clinical social work consultant to work directly with private providers and the hospitals was developed; this position should be filled shortly.

DHS participated in weekly interagency meetings with other state agencies regarding the hospitalized and complex care needs of children and youth. Due to this involvement, special accommodations were made, allowing two youths, previously denied by both in-state and out-of-state providers, to be admitted to an in-state RTC. DHS partnered and collaborated with DDA for the placement of DDA eligible youth over age 18 in the care of DHS. DDA provided an age waiver to allow for youth under the age of 21 to be placed in DDA licensed adult group homes. Additional staffing was funded through DHS for those youth requiring more support. These placements allowed youth to remain in the same placement when they transition from foster care to adult DDA residential services, freeing up beds in licensed DDA child placements. These efforts have resulted in a decrease in the number and average length of time a youth remains in the hospital. The average length of stay in FFY 22, was 43.3 days for medical and 41.5 for psychiatric. In FFY 23, the average length of stay was 20.1 days for medical and 27.6 days for psychiatric. For medical this was a decrease in 23.2 days and for psychiatric the decrease was 13.9 from FFY 22 to FFY 23.

MDH continues to increase its provider capacity for in-home support services through the Family Supports Waiver, Community Supports 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.

MDH continues to collaborate with DHS and DJS to identify appropriate DDA licensed residential providers to meet the needs of youth in DHS care and custody as well as youth in Voluntary Placement agreements. MDH continues to look for opportunities to improve services, provide resources to providers, and increase provider capacity for all waiver services.

In fall 2023, MDH/DDA began a Dual Diagnosis Cohort to support providers who are serving individuals with co-occurring intellectual/developmental disabilities and behavioral health needs. The cohort learning model will continue to expand to additional DDA providers in Spring 2024 and following.

MDH also 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 MDH'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 November 2023, the MDH Healthcare System opened 12 additional beds at JLG RICA following emergency construction to create a more safe and secure environment for high-intensity children and adolescents. These 12 beds include 6 beds for high-intensity RTC placements and 6 beds for the Facility for Children (FFC) Program. The FFC provides competency attainment services for court-involved children and adolescents.

MSDE developed the Maryland School Mental Health Response Program, which partnered with the National Center for School Mental Health at the University of Maryland School of Medicine. The School Mental Health Response Program provides timely support, technical assistance, consultation, professional development, and expertise to local education agencies (LEAs) across Maryland to address student and staff mental and behavioral health concerns. As part of the program, the Maryland School Mental Health Response Team was created. This one centralized team includes a director, a child and adolescent psychiatrist, and three clinical mental health

specialists. The goal of the team is to enrich and enhance, not replace, the work of site-based student support personnel. All 24 LEAs across Maryland have utilized the Maryland School Mental Health Response Team. Since its inception in 2022, the team has serviced over 900 mental and behavioral health requests throughout Maryland. These requests include training and professional development, general consultation, system consultation, complex case consultation, resource management, and crisis response.

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, Autism Waiver Provider Liaisons conducted targeted outreach to current providers to discuss expansion of services, emphasizing the need for additional residential habilitation providers. MSDE enrolled two new Autism Waiver residential providers in 2023.

In 2023, DJS received five million dollars from the Governor and the Maryland General Assembly to provide services to youth during the summer. DJS used a portion of that money to create The Thrive Academy (TTA). TTA is a robust case management model that serves youth who are determined to be at a heightened risk for involvement in gun violence, either as a victim or perpetrator. The program provides youth with more intense case management, a credible messenger who has lived experience, and a suitcase of support including fiscal incentives, work and service stipends, relocation assistance for youth and families, and tuition for college or vocational training. The department is using this program to provide community-based options for some of its highest-risk youth.

Additionally, the department continues to support the implementation of the Juvenile Justice Reform legislation. 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.. DJS trained all key stakeholders and provided material to explain the changes on their website. Additionally, the department has trained all law enforcement agencies on Child in Need of Supervision (CINS) and is committed to continuing quarterly training to ensure that youth under the age of 13, who are not eligible for the juvenile court can still be referred to DJS for services.

Strategies for FY 2024 and Conclusion

The Administration has prioritized this vulnerable population and expects to revitalize the Children’s Cabinet soon and the coordination and facilitation effort necessary to assist in the ongoing relationships with child-serving agencies. In FY 2023, 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 2024, the Office has prioritized the continued development of the data dashboards to show the information required in a usable way. Additional priorities include training, outreach, and partnership building with stakeholders.

MDH 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. MDH is on target to complete additional construction at JLG RICA in 2023 for a total of 18 bed (12 opened in late 2023 with additional beds expected in 2024) flexible unit supporting the FFC and high-intensity RTC population for a total net increase in RTC beds in 2024. Additionally MDH will see four new “high acuity” RTC beds begin to open in December 2023 (licensed as RTC, pilot program funding) as well as 7 high intensity “stabilization beds” designed to help reduce some of the delays experienced by youth awaiting residential level placements (RTC and other residential programs.) MDH 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, MDH in partnership with DHS, DJS and MSDE, continues to meet weekly to collaboratively resolve the placement challenges for Maryland’s most complex youth, regardless of lead agency.

MDH 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. In mid FY 2023 several RTC providers agreed to participate in a pilot program designed to provide them a higher base rate price point, in response to their commitment to accept a larger proportion of higher acuity youth. Early feedback regarding the efficacy of this effort is expected in FY 2024. Additionally MDH continues to gather information and work with the other child serving departments to address broader issues of rate reform in the residential treatment space. Finally MDH expects to apply to participate, in collaboration with the other Maryland child serving departments, in the NASMHPD State Policy Academy. This invitation only event is intended for a small interstate collection of government leaders to develop an actionable roadmap to improve outcomes for the

most complex behavioral health needs youth, with whom all states are similarly struggling. All of these projects will continue to evolve throughout FY 2024-2025.

MDH continues to outreach to out-of-state RTCs in an attempt to build new relationships and encourage providers to explore joining the Maryland Medicaid provider network. MDH continues to invest financial and personnel resources to define and address bed needs across the out-of-home spectrum. MDH 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.

MDH continues to offer a variety of support services to youth who meet the requirements for the DDA waivers through Medicaid Home and Community Based Services (HCBS). MDH focuses on six areas to meet the needs of people receiving services: Assistive Technology, Self-Determination, Self-Advocacy, Employment, Independent Living, and Supporting Families. MDH will continue to partner with DHS and DJS to identify DDA licensed providers to support youth in need of out-of-home services. The DDA Dual Diagnosis Cohort will continue to look at ways to support DDA providers working with youth with Dual Diagnoses.

In FY '24 DHS' efforts will be focused on:

1. Fully implementing the Family First Prevention Services Act to build prevention services for children, with an emphasis on ages 0-5;
2. Expanding intervention efforts such as family findings and kinship care supports;
3. Enhancing reunification services to families;
4. Supporting youth transition from foster care to end aging out; and
5. Building Maryland's licensed provider network.

DHS is committed to the development of community based preventive services. In FY2024, DHS is focused on expanding access to four existing Evidence Based Practices (EBP) in areas with identified needs. These EBPs include Healthy Families America, Parent-Child Interaction Therapy, Functional Family Therapy, and Multisystemic Therapy. The Department of Human Services (DHS) is no longer seeking to implement and support Nurse Family Partnership, as it has not been identified as a need by the 24 Local Departments of Social Services (LDSSs).

A recent service request assessment conducted with all local departments reveals a 35% increase in demand for these EBPs. As Maryland prepares to submit its updated 5-year Title IV-E Prevention Plan, the Department, in collaboration with local departments of social services and stakeholders, is currently undergoing a comprehensive assessment to determine additional EBPs

to include in the prevention plan to better meet the needs of Maryland children and families and prevent entry into care. The updated Title IV-E Prevention Plan will be completed in June 2024.

DHS also is partnering with the Maryland Department of Health to build a robust behavioral health continuum of care for all children and youth, improve Medicaid provider integration, and explore other opportunities to collaborate. DHS will develop detailed action plans for these objectives. Additionally, DHS has contracted with the Mosaic Group to provide confidential research and advisory services to examine ways to reduce hospital overstay among children and youth. The Mosaic Group will conduct a national review of best practices in child welfare on the continuum of placement for youth to prevent hospital overstay and review Maryland's current system of care.

DHS committed to ending aging out. DHS has partnered with the Annie E. Casey Foundation to develop strategies that prevent teens from entering foster care and ensure that youth who exit foster care do so in the context of family connections with the resources needed to thrive.

Planned actions include:

- Conducting a comprehensive landscape analysis focused on preventing unnecessary foster care entries for teenagers and ending aging out by supporting youth and young adult wellbeing.
- Creating transformative leadership and strategy development by working with MDHS to tailor a longer-term strategy for preventing child welfare system entries and ending aging out using Results Count tools and an equitable results framework by 2025.

DHS is Collaboratively working with public partner agencies and the provider community to drive the Quality Service Reform Initiative (QSRI) with the desired outcomes and targeted completion of FY25 and FY26:

- Develop classes of residential interventions with defined medical necessity criteria;
- Establish clear and consistent referral pathways to timely placement of children in the most appropriate settings;
- Shorten lengths of stay and ensuring that children are in the least restrictive setting;
- Leverage Medicaid and Title IV-E funds to maximize utilization of federal dollars; and
- Develop clear expectations and accountability for services provided, rates paid, and outcomes achieved.

DHS has taken actions to address and understand providers' challenges and needed support to accept youth. A new, standardized Placement Request form was developed and is being added to CJAMS. This will provide more information to support the appropriate level of care. SSA is beginning to collect data regarding denial of placement and reasons for denials. SSA restarted the Provider Advisory Council (PAC) and meets monthly to improve communication between

providers and DHS/SSA and local departments. Listening Sessions regarding placement were held in 2023 local DSS staff and providers of different levels of care. Information regarding national and state trends were shared, and discussion of what is going well, challenges, and ideas for improvement.

MSDE continues to support preventative service initiatives to hold or reduce the need for nonpublic placements. The goal for LEAs is 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, implementation of a multi-tiered system of supports, mental health integration, mental health screening, crisis response, LGBTQIA+ resources, community referrals, 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.

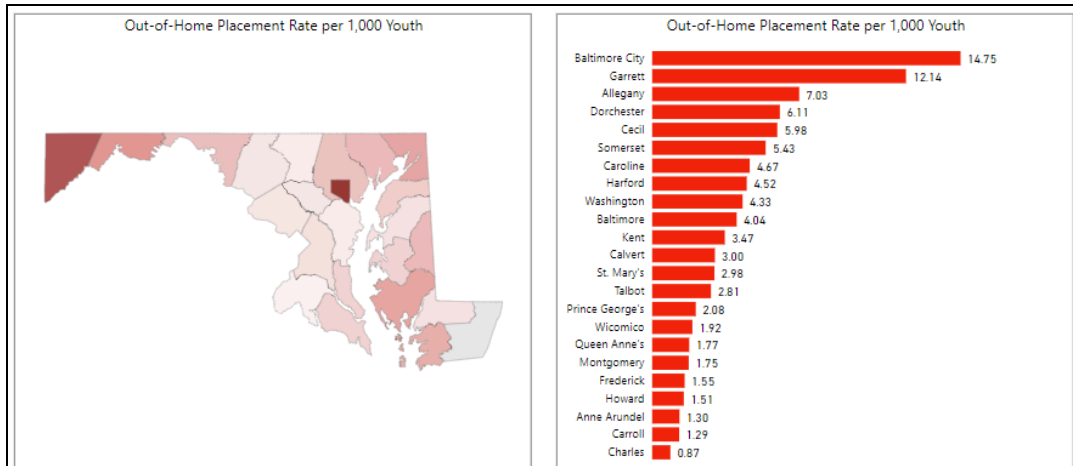
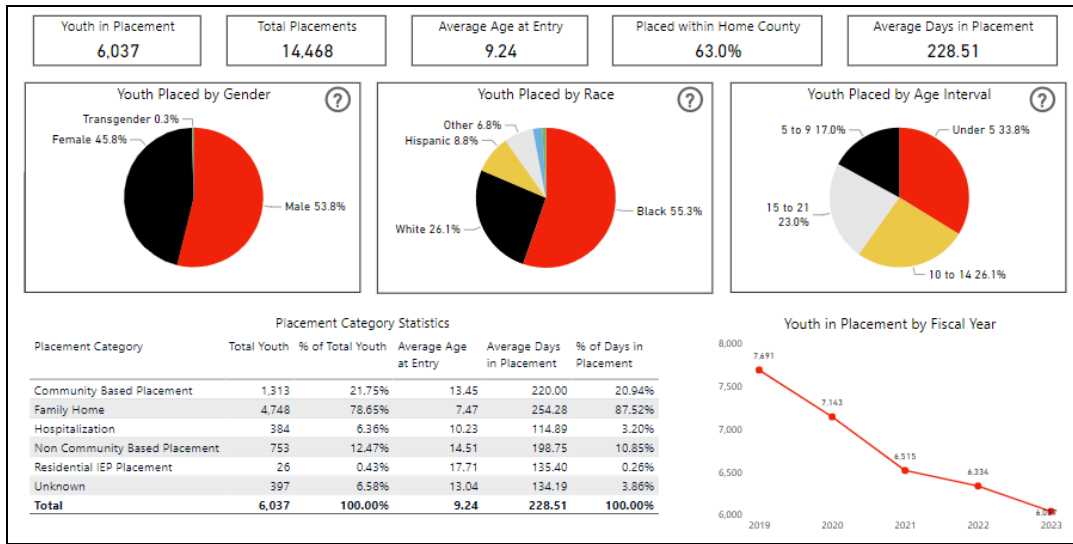
The Governor's Office of Crime Prevention, Youth, and Victim Services looks forward to working on these strategies with the Children's Cabinet agencies in order to ensure the well-being of Maryland youth.

Appendix

Number of Youth in Out-of-Home Placement for Fiscal 2023, 2022, and 2021

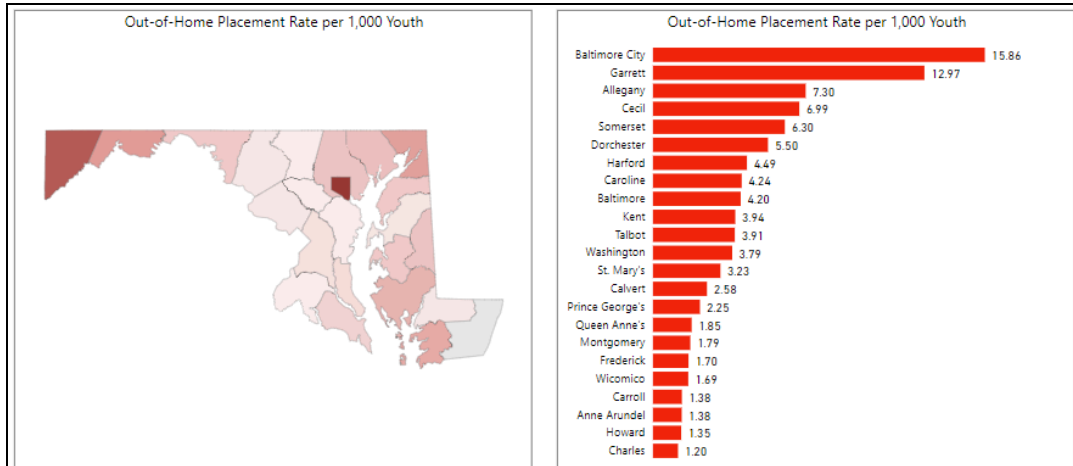
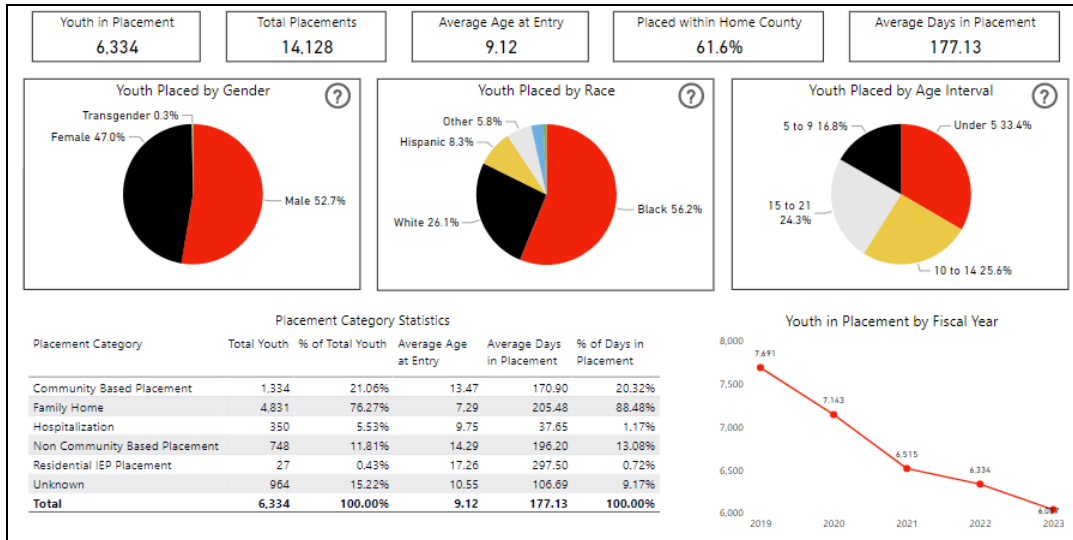
Please refer to the following illustrations showing the number of youth in out-of-home placements for each identified fiscal year.

Number of Youth in Out-of-Home Placement During FY 2023



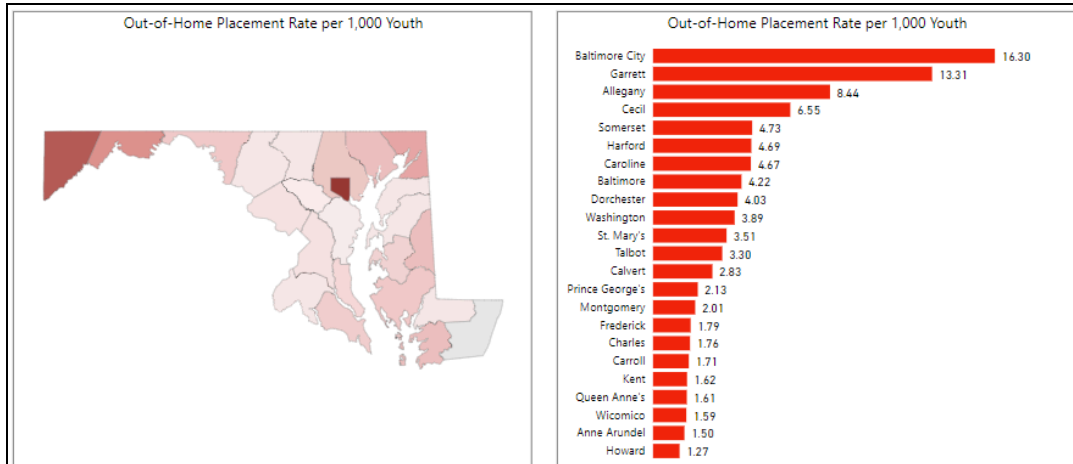
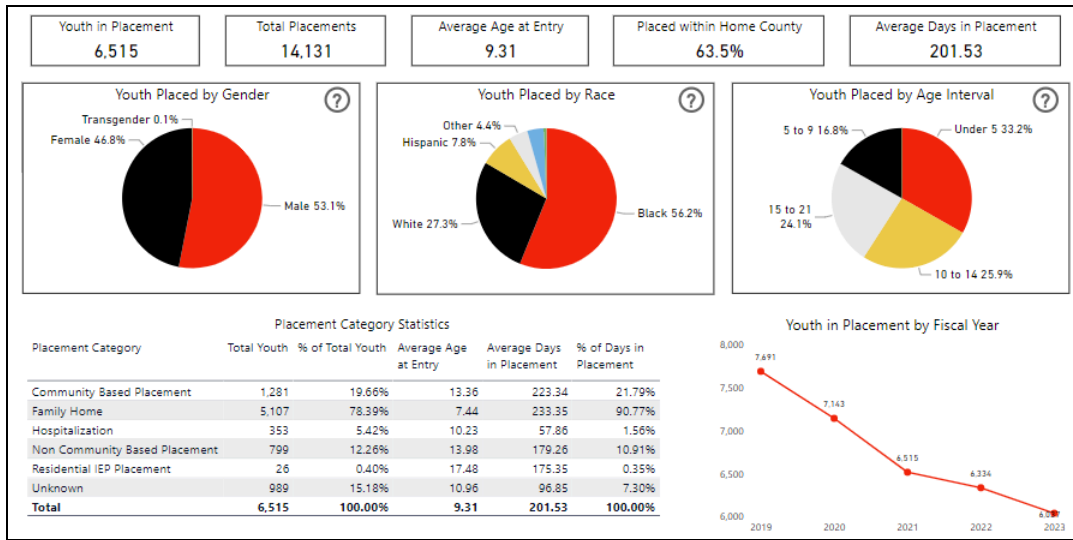
Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany		70	9	21			2					2	3	1				19	1	2	3	25	9			105	
Anne Arundel	95	9	22	64	4	2	9	4	5	6	6	5			10	16	14	1					40	7	4	1	203
Baltimore	39	11	450	398	9	12	8	5	2	5	11	6	53	22	41	36	34	1	2	1	144	28	4	2		899	
Baltimore City	85	22	579	1,534	3	1	9	9	2	8	37	28	42	32	1	74	45	154	1	2	2		335	18	10	1	2,171
Calvert	3	2	7	8			6	36			1	3	2	2	6	8	11		4				21	3		72	
Caroline			2	4	30					1	1	2			1			2		6		4	18	1	1	44	
Carroll	1		9	19	1		1	30				1	1		3	4								9	6	56	
Cecil	2	1	12	25	5	117	2			1	2		17	4	2	2	15	9	1	1			20	4	6	160	
Charles	1	1	5	9			20				1	1	2	2	2	2	7		2				14	1		40	
Dorchester	3	8	4	3			2	13		1	4	1		1	2	2	5	4			3	6	14		4	50	
Frederick	1	15	22	1	2	2	8			67	1	1	4	11	7	2							27	11	2	116	
Garrett		10	3	1								65		1			4							5	6	73	
Harford	4	2	46	61	2	9	2			1	6	202	4	14	15	6							46	3		301	
Howard	7	2	27	39	4			1			3	1	65	7	12	17							13	2		141	
Kent			3	5	1					1					11							1	4	2		15	
Montgomery	15	15	43	69	11	5	3	6	1	5	15	5	5	10	362	28	76	1		1		74	19	2		555	
Out of State			1	2						2	6				2	1								1		14	
Prince George's	20	9	62	104	2	4	13	2	5	11	16	1	2	71	35	431		5				133	6	1		631	
Queen Anne's	1		3	5	1	2								1	5	3	3		15			1	3			22	
Somerset	1	1	6	9		1	1	3						2	3	1	1	3		2		9	14	1		31	
St. Mary's	1	12	15			5	7	1				11	3	4	6	11		49					16	3		96	
Talbot			4	5	5	1				2					1	3	1					8	20	2		23	
Unknown				5												1										6	
Washington		10	16	24	2	1	1			5	4	1			11	12	9					25	114			169	
Wicomico	2	5	6	10	1					5	7	1			7	5	5				5		15	3	17	3	57
Total	276	175	1,350	2,460	83	157	84	61	56	57	169	161	345	157	21	638	277	793	34	65	15	24	1,030	244	69	10	6,037

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



Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	1	83	6	13			2			1	2	2			1	2	15	2		1	3	27	9			109	
Anne Arundel	92	4	27	57	3	2	3	2	1	7	3	4	2	5	1	9	19	15	1				48	4	3	214	
Baltimore	31	10	419	411	8	12	11	7	1	11	10	13	41	28	1	34	33	33	1	3	1	162	22	4	1	933	
Baltimore City	88	15	614	1,633	3	1	7	15	8	26	23	49	54	1	61	53	146	2	1	1		459	18	8	2,334		
Calvert			2	4	9			2	1	32					2	1	7	10		2			15	3		62	
Caroline				2	4	28					2						1					3	11	3		40	
Carroll	1		7	21	1		2	25	1			2		2	1	4		1					18	2		60	
Cecil	2		21	30	3	122	1						20	4	2	3	14	9	1	2			51	5	7	187	
Charles	1	1	2	13	1		28			1		3	1	1	1	4	4		1				12	2		55	
Dorchester	2	7	3	7			3	11		4		2	3				2	6			1	14	1	4	3	45	
Frederick	3	6	20		2		14			63	2		3		16	12	6					22	13	1		127	
Garrett		6	2	2							59		3			10						21	6			78	
Harford	5	4	51	58	2	6	1	2	1		2	199	1		11	16	4					62	6			299	
Howard	8	1	22	26	4		1	1			1	68		5	8	20						1	22			126	
Kent				1	5	1									11				1				5	2		17	
Montgomery	18	6	50	72	9	6	12	1	5	17	4		8	1	369	23	62	1		1	92	20	2			567	
Out of State			2	2						3	4	5				1	2									17	
Prince George's	7	6	54	119	1	4	19	2	1	4	8	4	2	9	1	74	36	463		1	1	137	7			680	
Queen Anne's			2	7	3										2	2	3	1	13				6	1		23	
Somerset	1	2	8	6			1		2	1	1				1	4					3		7	1	14	1	36
St. Mary's	1	2	14	11			4	1	8		1	11	3		2	4	12	48				32	3			104	
Talbot			3	7	4	2		1	6								3	3	2			14	15	1	3	32	
Unknown					3																					3	
Washington		9	14	19			1	1	2	5	1				4	12	8						23	104		148	
Wicomico	1	7	6	9	1				3		1			2	1	3	2	5			2		10	18	2	50	
Total	257	165	1,344	2,557	79	158	82	87	45	65	140	133	326	195	28	606	278	805	29	59	7	24	1,271	228	69	7	6,334

Number of Youth in Out-of-Home Placement During FY 2021

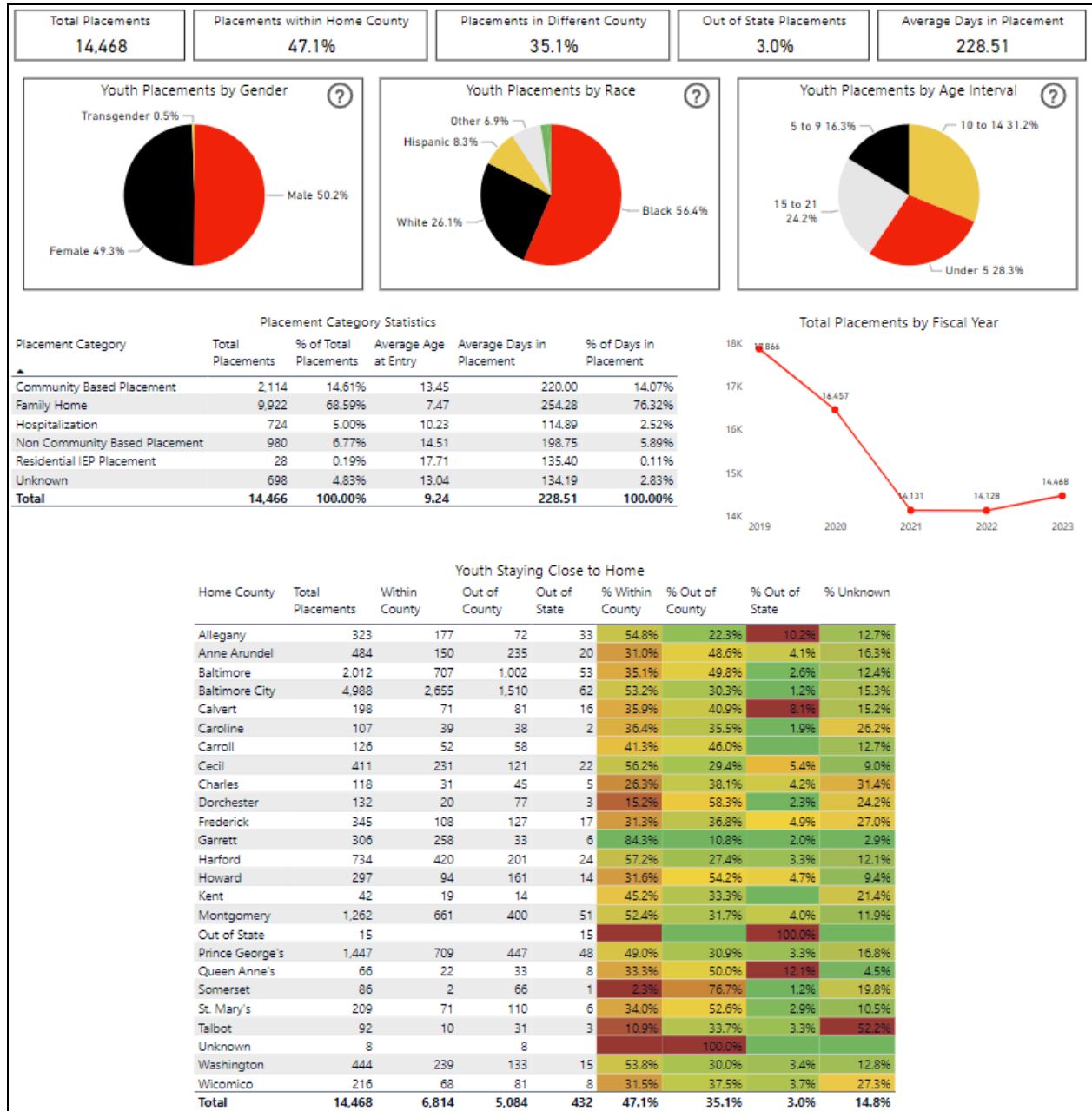


Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	2	93	6	12				2	1	2				1	1	11	1						11	16		126	
Anne Arundel	100	4	46	64	7	2	6	6	1	7	8	8	1	5	3	12	21	15	2	1			22	6		233	
Baltimore	31	9	449	448	11	9	12	7	1	3	16	9	43	28	3	38	35	32	1	4			126	28	2	938	
Baltimore City	103	17	598	1,768	6	3	4	12	2	12	22	8	52	61	1	76	52	111	2	2	1	1	307	13	10	2,399	
Calvert	2	1	8	14			1	36						4	1	8	8	1	4				8	4		68	
Caroline	1	2	3	6	27				2						4				1			2	2	1	2	44	
Carroll			16	15	1		4	38			2	1	1	4	1	5	2		1				6	5		74	
Cecil	2	22	33	5	121	2			2			14	3	2	7	16	6	2	1		2	16	4	7		175	
Charles	2	1	7	21	1	37	1		3					3	5	9	6	3					14	3		81	
Dorchester			4	4	6		1	1	13	1	1				1	4	2	3				2	2	3	1	33	
Frederick	7	6	22	2	8	2	66	4						3	2	12	12	7				14	21			134	
Garrett	2	3										67						9					10	9		80	
Harford	5	6	51	64	2	6	3		4	4	211	1		10	16	8						49	3			312	
Howard	6	20	30	4			1	2	2	1			53		5	8	18					1	18	2	1	118	
Kent	1	1	1	2	1										2	1	2									7	
Montgomery	11	11	55	84	13	5	4	2	3	4	22	5	5	16	419	35	87	1			1	46	40	2		638	
Out of State	2	3							1	3	2						3							1		14	
Prince George's	7	2	74	132	2	4	18	2		2	6		2	10	2	78	48	422	1				77	6	1	646	
Queen Anne's	1		2	5							1			1	2	3		14				1	2	1		20	
Somerset			7	3	2	1			3	2	1				2							8		2	9	2	27
St. Mary's	1	2	13	18			8	2	4		3	3	14	2	3	7	11		66				11	2		113	
Talbot			5	4	6	1			1					1		2	1	4		1	10	5	1	3		27	
Unknown				3													1						24			28	
Washington	2	13	21	19		2	3		1	5	1	2	1	2	7	12	3						21	97		152	
Wicomico	2	10	8	2				5	2	1	2			2	2	3							2	20	1	47	
Total	276	174	1,428	2,778	95	156	98	85	48	62	167	118	343	196	24	690	319	742	28	83	10	19	794	263	60	4	6,515

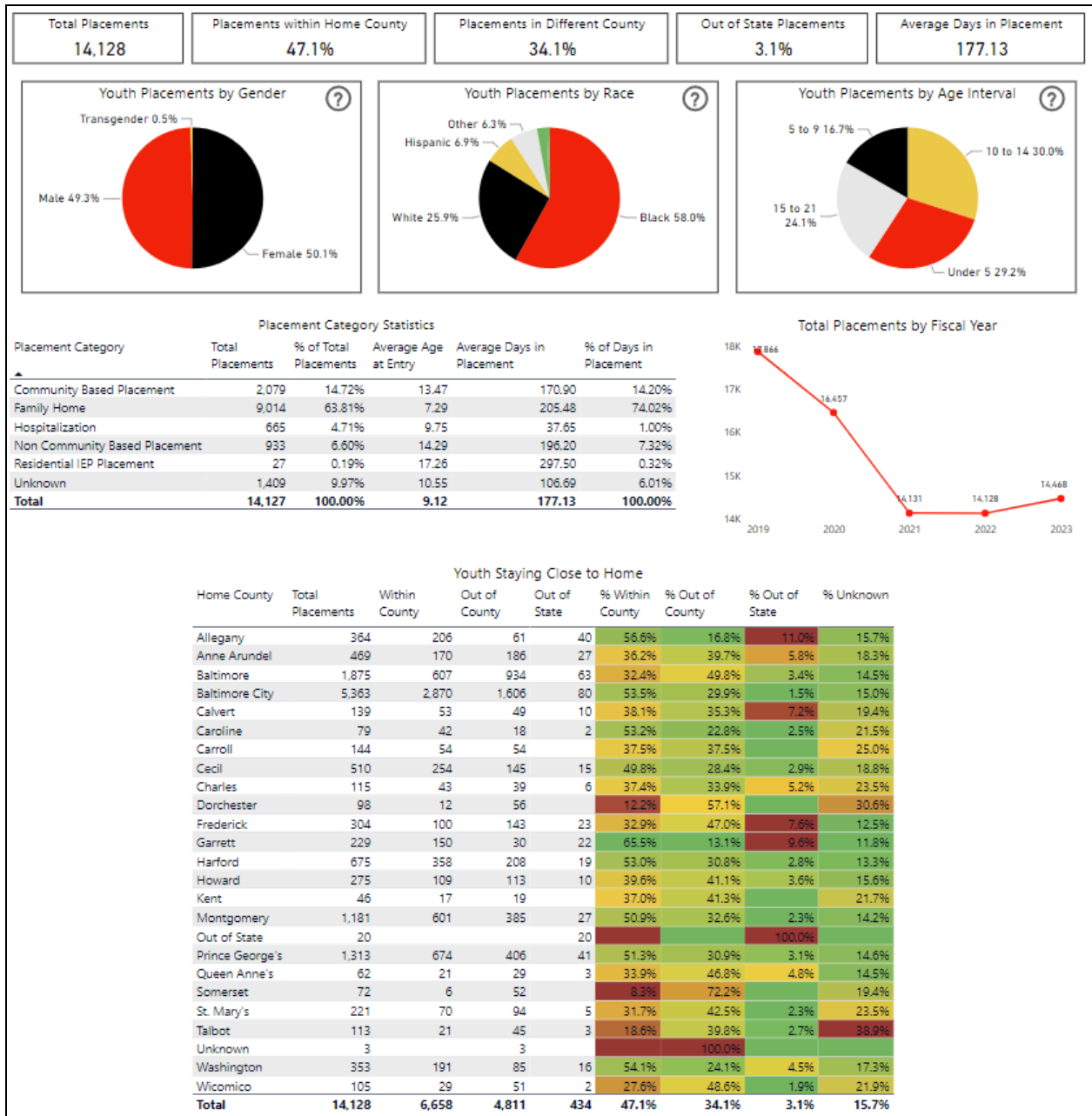
Number of Out-of-Home Placements for Fiscal 2023, 2022, and 2021

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

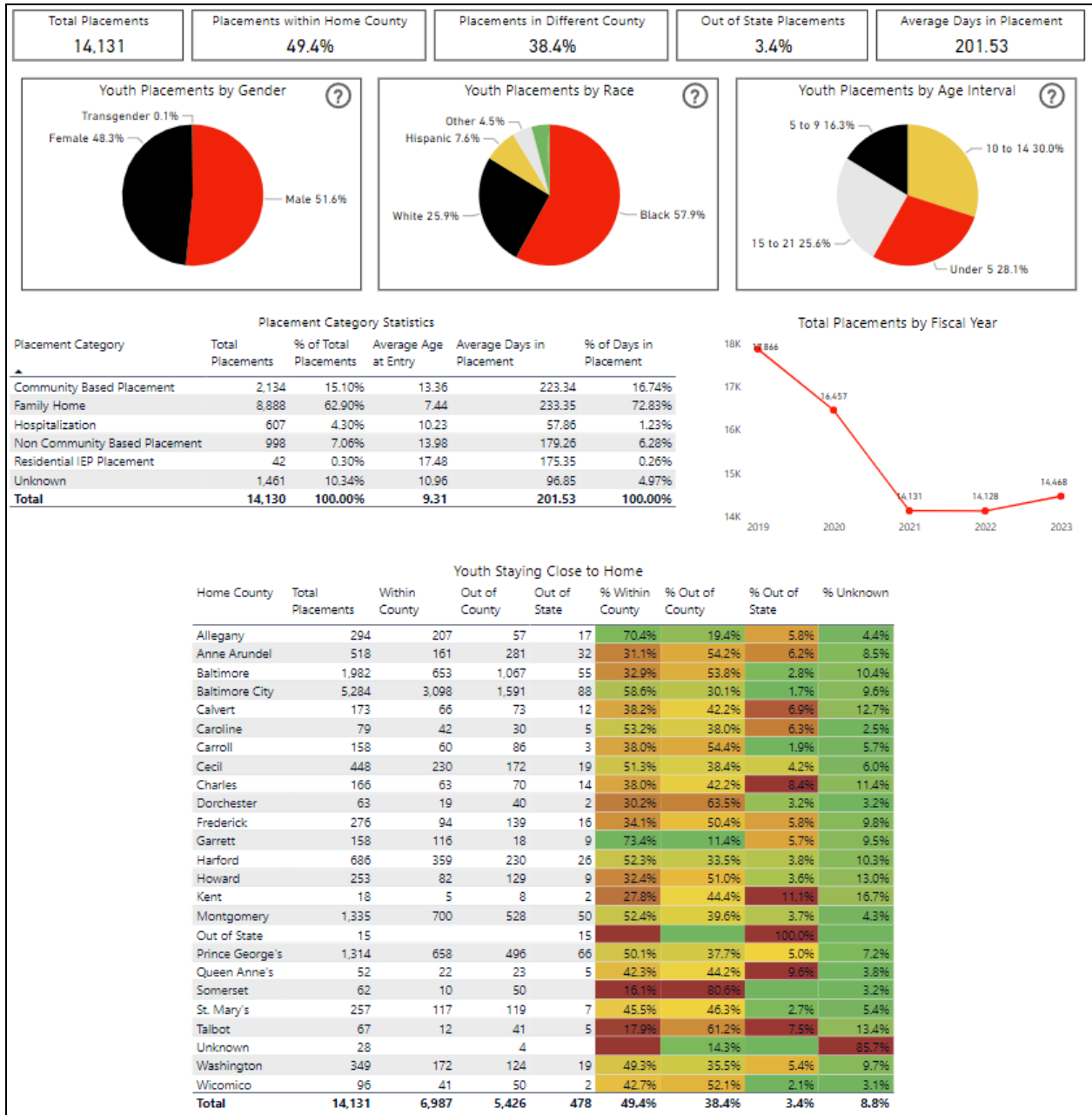
Number of Out-of-Home Placements in FY 2023



Number of Out-of-Home Placements in FY 2022



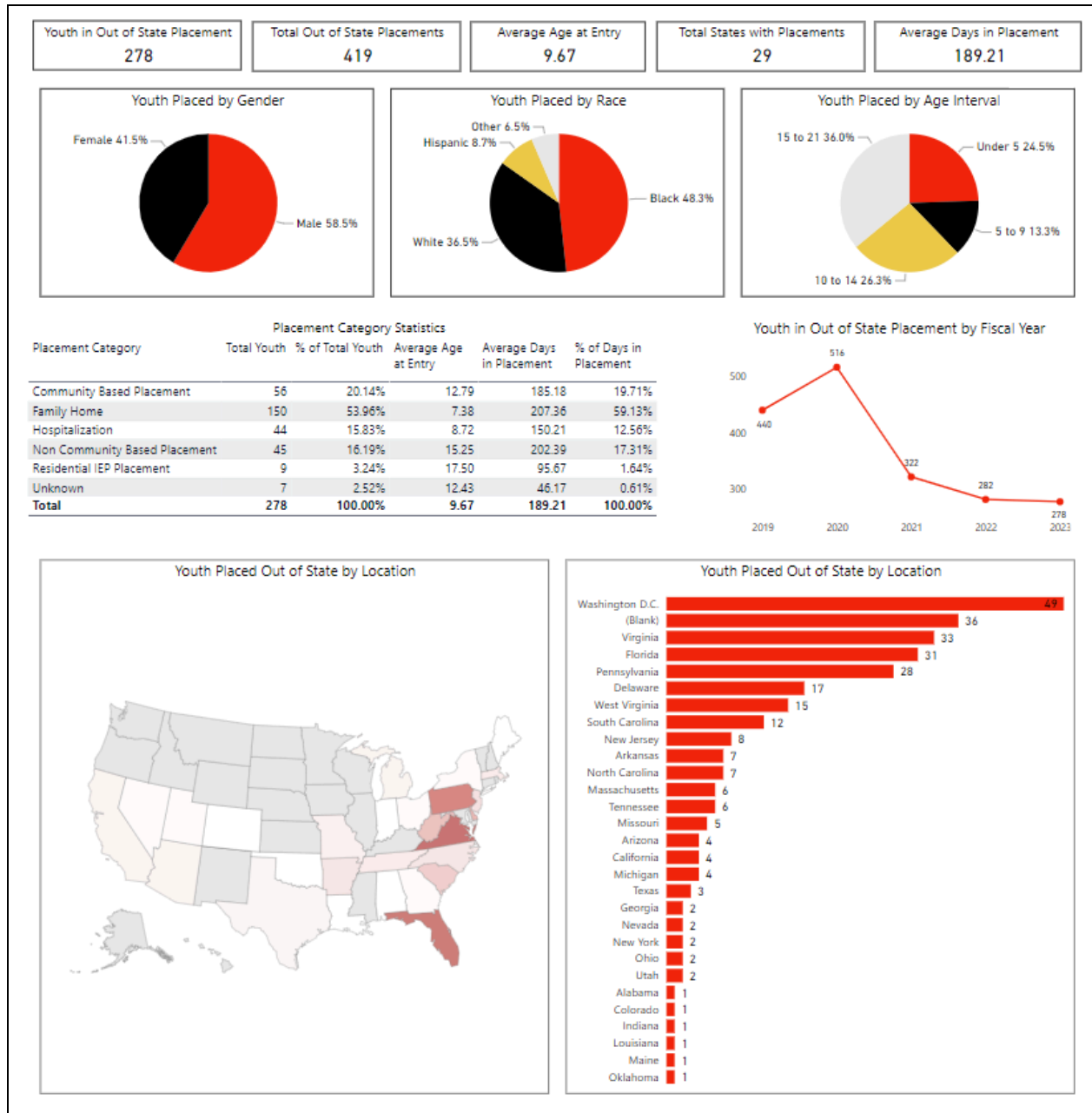
Number of Out-of-Home Placements in FY 2021



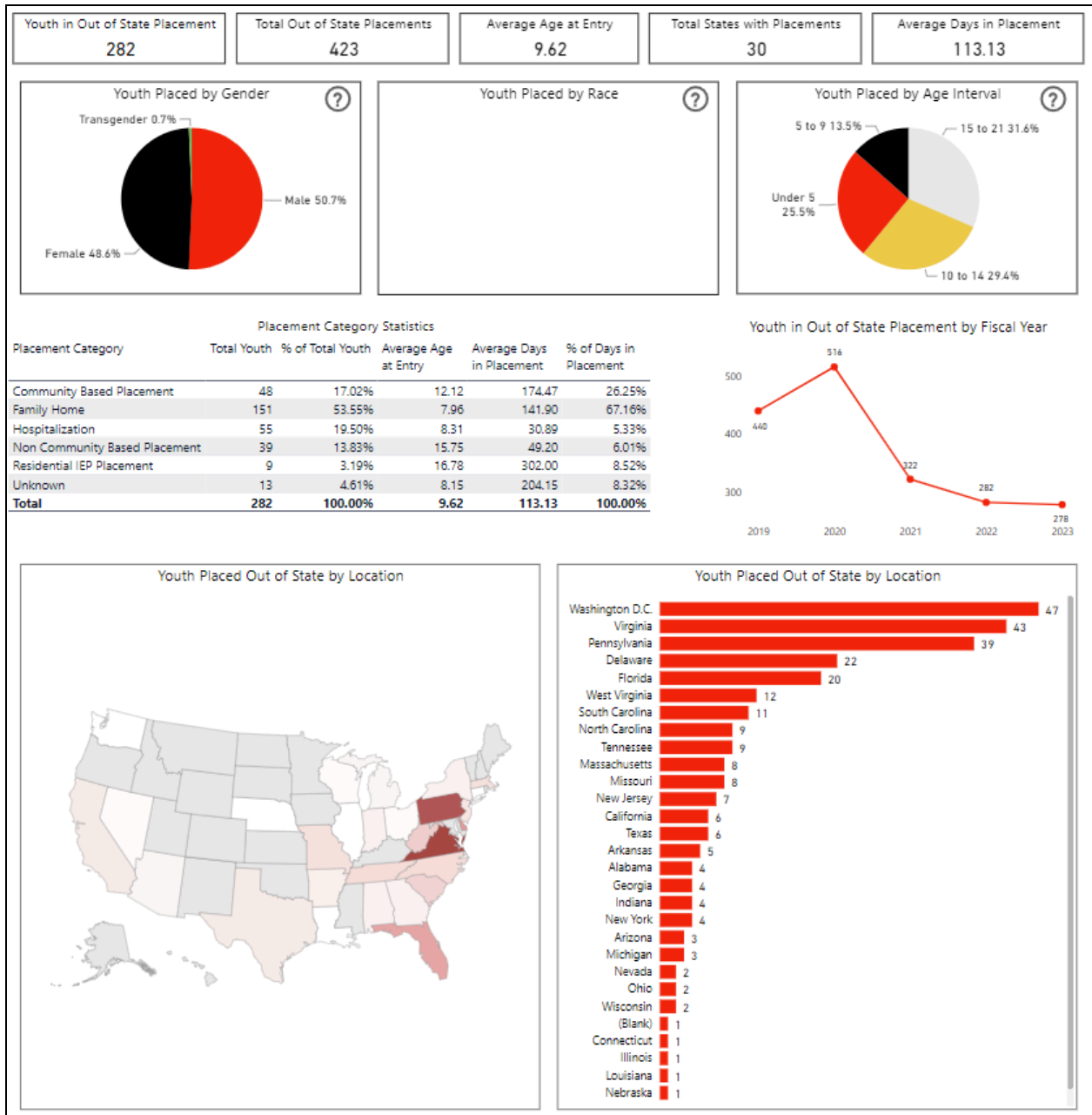
Number of Out-of-State Placements for Fiscal 2023, 2022, and 2021

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

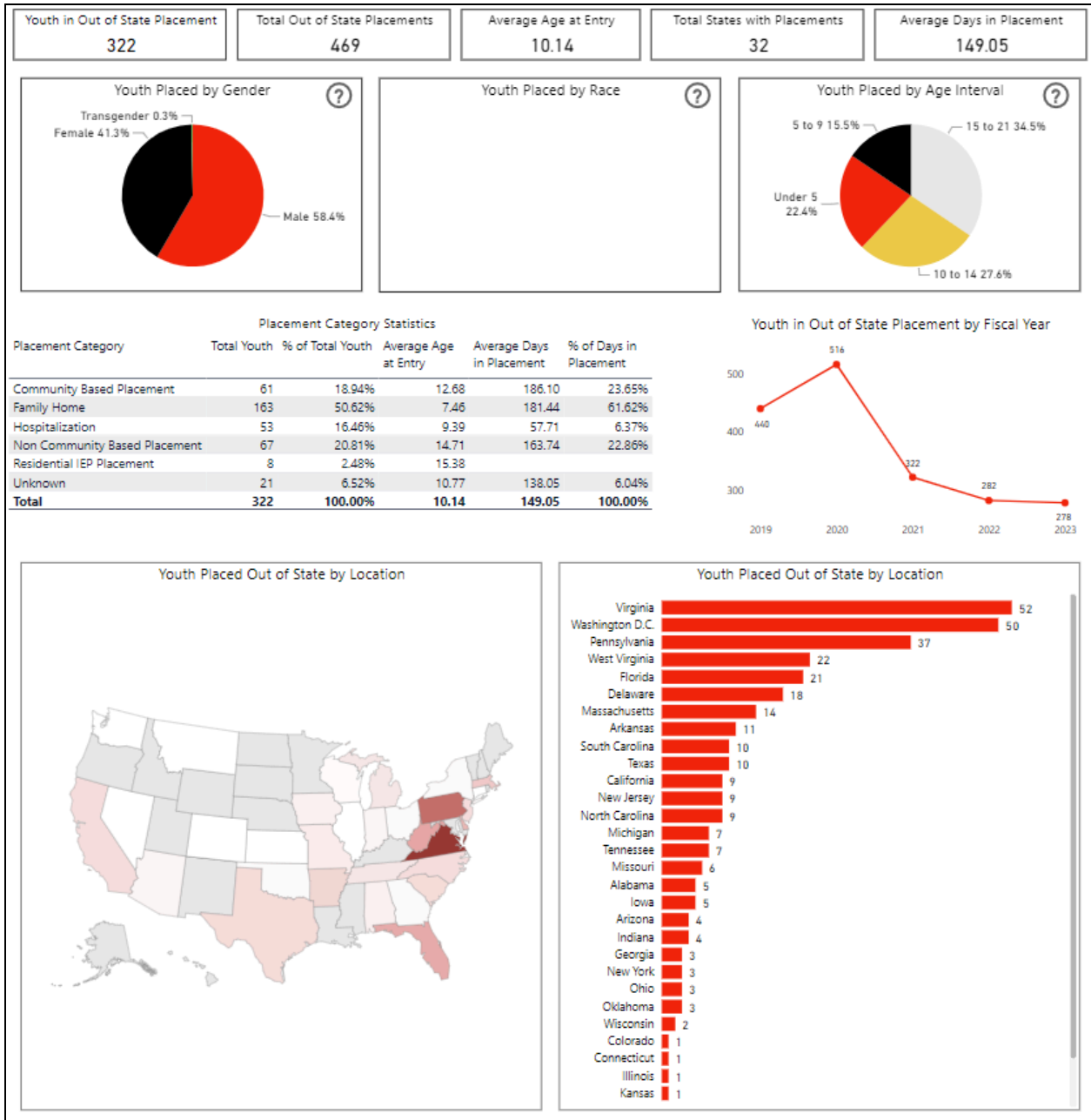
Number of Out-of-State Placements in FY 2023



Number of Out-of-State Placements in FY 2022



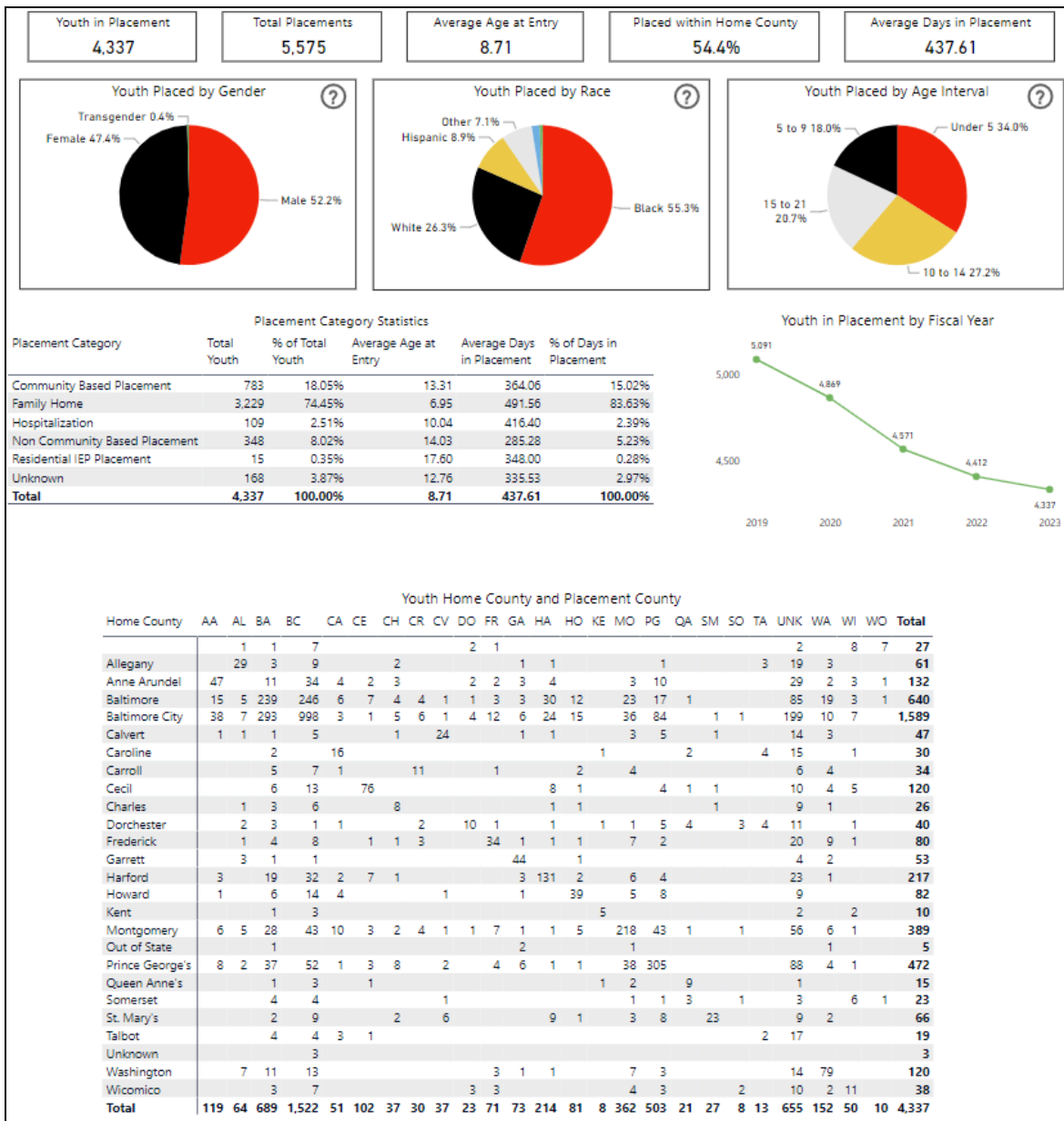
Number of Out-of-State Placements in FY 2021



Number of Youth in Out-of-Home Placement (as of January 1) for Fiscal 2023, 2022, and 2021

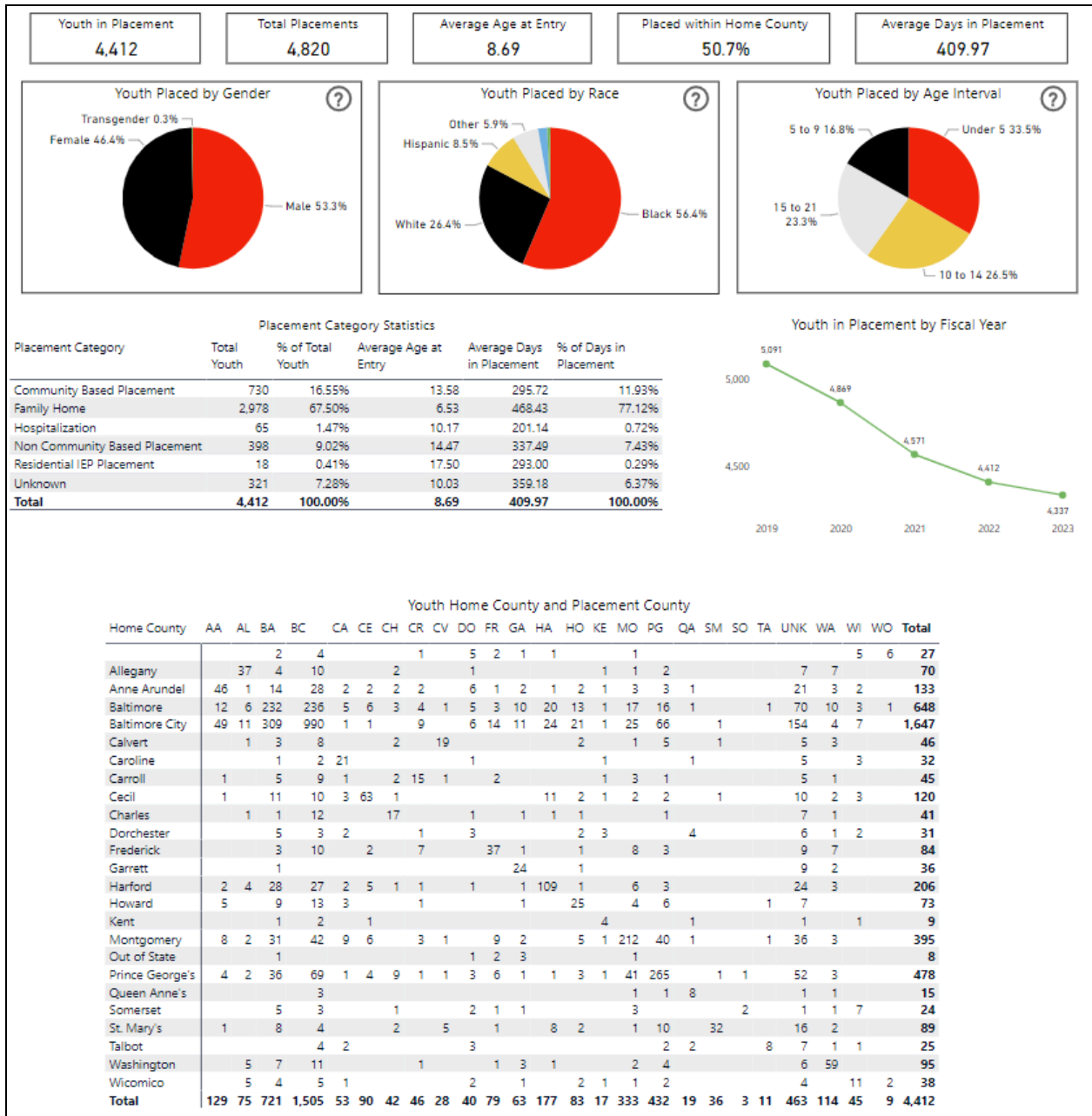
Please refer to the following illustrations as it relates to the one-day counts for youth in out-of-home placements (as of January 1) for fiscal 2023, 2022, and 2021.⁶

Number of Youth in Out-of-Home Placement as of January 1, 2023

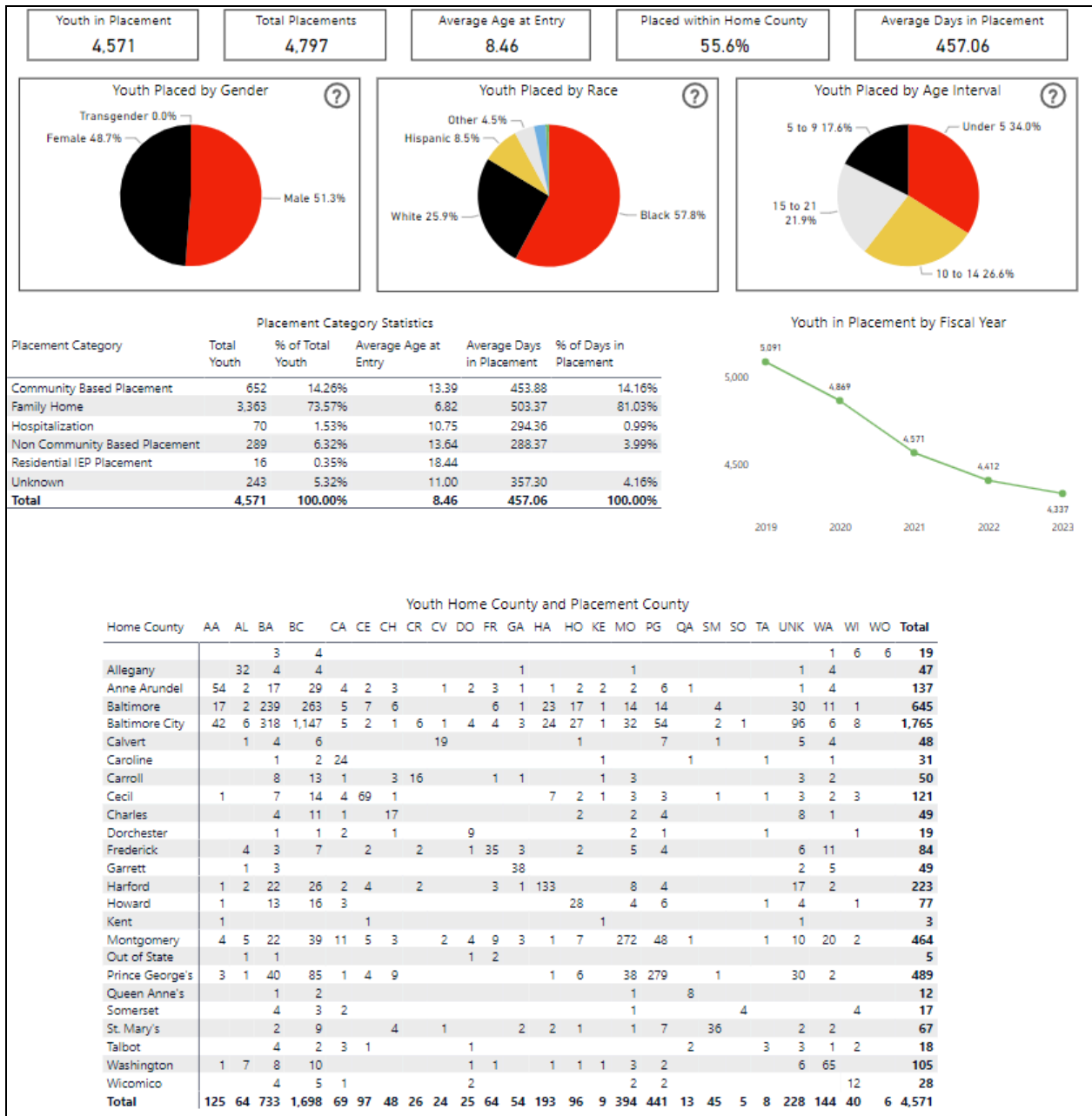


⁶ The Governor’s Office of Crime Prevention, Youth, and Victim Services made improvements to the data dashboard and updated data models to increase the confidence in reporting. As a result, the number of out-of-home placements for January 1 are slightly different from prior years.

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



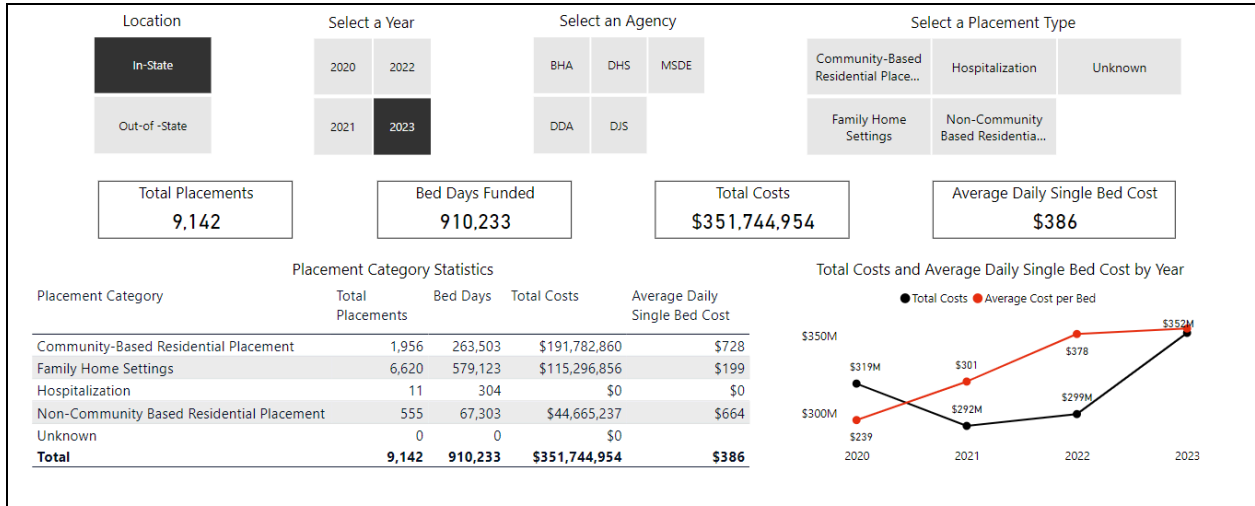
Number of Youth in Out-of-Home Placement as of January 1, 2021



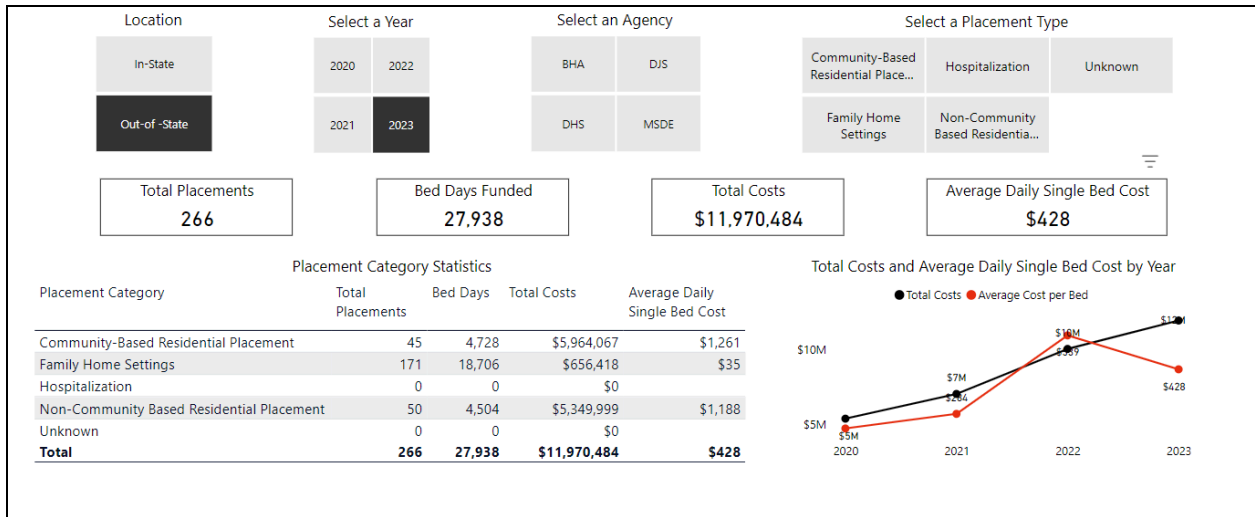
Costs Associated with Out-of-Home Placements

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 2023

Total Providers
152

Avg. Capacity
36.28

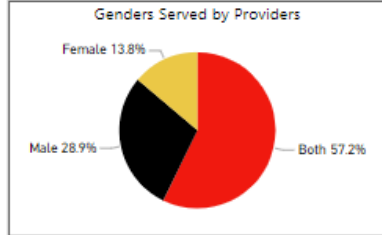
Trauma Informed
101

Includes Participation of Family
122

Discharged Planning & Family Based Aftercare
50

Provider Statistics by Program Sub Category

Program Sub Category	# of Providers	Avg. Min. Age	Avg. Max. Age	Avg. Age (>18)	Avg. Capacity
Developmental Disability Home	5	9.80	20.36	21.00	20.40
Diagnostic Evaluation Unit	3	8.67	16.83	20.45	18.00
Group Home	50	12.36	19.64	20.71	16.68
Independent Living	15	16.99	20.61	20.83	23.27
Juvenile Commitment Placement	12	12.95	18.51	20.39	51.08
Other - Community Based Placement	1	12.50	18.00	18.90	12.00
Residential Treatment Center	17	9.76	18.02	20.75	89.47
Substance Use and Addiction Placement	4	14.00	30.44	31.96	56.75
Treatment Foster Care	34	0.63	20.45	21.01	48.33
Treatment Foster Care - Medically Fragile	4	0.10	20.08	20.98	24.50
Treatment Foster Care - Teen Mother Program	7	7.51	20.46	20.99	15.71
Total	152	9.29	19.94	21.12	36.28



Avg. Min. IQ Accepted
65.56

Serve Transgender Youth
88

