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September 4, 2018

Ms. Ruby Potter
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Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: In the Matter of Seasons Residential Treatment Program
Matter No. 17-16-2408

Dear Ms. Potter:

On behalf of interested party Sheppard Pratt Health System, Inc. ("Sheppard Pratt"), we are submitting four copies of its comments addressing the Certificate of Need Application filed by Seasons Residential Treatment Program, LLC ("Seasons") in the above-referenced matter.

Pursuant to COMAR 10.24.01.09A(3), Sheppard Pratt also requests the opportunity to present oral argument to the appointed reviewer before the reviewer prepares a proposed decision on Seasons' CON application.

I hereby certify that a copy of this submission has been forwarded to the appropriate local health planning agency as noted below. Thank you for your assistance.

Sincerely,



James Buck

JB:blr

Enclosures

cc: Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development, MHCC
Suellen Wideman, Esq., Assistant Attorney General, MHCC
Pamela B. Creekmur, Health Officer, Prince George's County
Tyeaesis Johnson, CEO, Seasons Residential Treatment Program, LLC
Bonnie Katz, Consultant, Business Development and Strategy, Sheppard Pratt Health System, Inc.
Thomas C. Dame, Esq.

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IN THE MATTER OF	*	BEFORE THE
	*	
SEASONS RTC, LLC	*	MARYLAND HEALTH
	*	
Docket No. 17-16-2408	*	CARE COMMISSION
	*	
* * * * * *	*	* * * * *

SHEPPARD PRATT HEALTH SYSTEM’S INTERESTED PARTY COMMENTS TO SEASONS RESIDENTIAL TREATMENT PROGRAM LLC’S CON APPLICATION PROPOSING THE CONSTRUCTION OF A NEW 72-BED RESIDENTIAL TREATMENT CENTER IN PRINCE GEORGE’S COUNTY MARYLAND

Sheppard Pratt Health System, Inc. (“Sheppard Pratt”), by its undersigned counsel and pursuant to COMAR 10.24.01.08F, submits these comments addressing the Certificate of Need Application (“CON Application”) and related materials filed by Seasons Residential Treatment Program, LLC (“Seasons”), proposing to construct a new, 72-bed residential treatment center (“RTC”) to be located in Fort Washington, Prince George’s County, Maryland. Sheppard Pratt respectfully requests that the Maryland Health Care Commission deny Seasons’ Application.

INTRODUCTION

As explained herein, the Commission should deny Seasons’ CON Application because Seasons failed to meet the applicable standards and review criteria.

A. Sheppard Pratt Qualifies As An Interested Party Pursuant To COMAR 10.24.01.08F(1) and COMAR 10.24.01.01B(2), (20).

Sheppard Pratt is a mission driven, private non-profit psychiatric institution borne of the social reforms of the 19th century. Among Sheppard Pratt’s current facilities and programs are two RTCs: (1) The Berkeley and Eleanor Mann Residential Treatment Center (“Mann RTC”); and (2) The Jefferson Residential Treatment Center (“Jefferson RTC”). The Mann RTC is a 63-bed licensed RTC and certified Psychiatric Residential Treatment Facility (“PRTF”) in

Baltimore County, Maryland.¹ The Mann RTC serves males and females between the ages of 12 and 21 who suffer from severe emotional and behavioral problems and require a specialized educational environment, a therapeutic milieu, and recreational and community based activities. The range of length of stay at the Mann RTC is 6-11 months. Mann RTC residents receive educational services at The Mann Residential School, a full day special and general education school that operates as a 12-month program and is located on the grounds of the Sheppard Pratt Health System in Towson, Maryland.

The Jefferson RTC is a 53-bed licensed treatment center and certified PRTF in Frederick County, Maryland. It serves males and females between the ages of 12 and 21 with severe emotional and behavioral problems, who are unable to live safely in the community and need a specialized educational environment, a therapeutic milieu, and recreational and community based activities. The average length of stay at the Jefferson RTC is 11 months. Educational services are provided to Jefferson RTC residents at The Jefferson School, a special education day school.

Both the Mann RTC and Jefferson RTC provide 24-hour care to residents in a supportive environment using a multi-disciplinary team of psychiatrists, psychologists, licensed clinicians, activities specialists, occupational therapists, nurses, and residential counselors to formulate an individualized treatment plan for each resident that addresses both therapeutic and educational needs. The Mann RTC and Jefferson RTC receive the majority of resident referrals from government agencies, including departments of social services and juvenile services from both Maryland and Washington, D.C.²

¹ Unless otherwise noted, as used herein RTC connotes both a Maryland licensed RTC and/or a federally licensed PRTF.

² In addition to the Mann RTC and Jefferson RTC, Sheppard Pratt has entered into a Memorandum of Understanding with Good Shepherd of the City of Baltimore d/b/a Good Shepherd Services ("Good

Sheppard Pratt qualifies for interested party status in this review pursuant to COMAR 10.24.01.01B(2), (20) and 10.24.01.08F(1) because it is authorized to provide the same services as those proposed by Seasons in the same statewide planning region and it will be adversely affected if the Commission were to grant Seasons' CON Application.

B. Summary of Seasons' CON Application and Sheppard Pratt's Opposition.

In September 2014, Seasons submitted a similar CON application to establish a 72-bed RTC and PRTF in Prince George's County (collectively, with the modified CON applications Seasons submitted on March 9, 2015 and June 4, 2015, the "Previous CON Application"). *See In Re Seasons Residential Treatment Program LLC*, Docket No. 14-16-2357. Sheppard Pratt opposed Seasons' Previous CON Application demonstrating that Seasons failed to meet applicable review standards and criteria. Sheppard Pratt was appropriately recognized as an interested party by then-Commissioner Diane Stollenwerk, who served as the appointed Reviewer. Following a March 29, 2017 project status conference, Commissioner Stollenwerk issued a written summary detailing the myriad deficiencies in Seasons' Previous Application and its inconsistencies with applicable review criteria, including: (1) Need – COMAR 10.24.01.08G(3)(b); (2) Availability of More Cost-Effective Alternatives – COMAR 10.24.01.08G(3)(c); (3) Viability of the Proposal – COMAR 10.24.01.08G(3)(d); and (4) Impact on Existing Providers and the Health Care Delivery System – COMAR 10.24.01.08G(3)(f). (S.P. Ex. 1, Commissioner Diane Stollenwerk, *Project Status Conference Summary* (March 30,

Shepherd") for the purchase of the Good Shepherd's RTC bed capacity. Good Shepherd obtained authorization from the Commission to temporarily delicense its 115 RTC beds on March 30, 2017. For extraordinary cause shown, the Commission has extended the period of temporary delicensure through January 30, 2019, in order to allow Sheppard Pratt to attempt to re-establish a portion of Good Shepherd's RTC beds at same location of Good Shepherd's RTC in Halethorpe, Maryland. Contrary to Seasons' assertion, it cannot "bring back" any of Good Shepherd's RTC beds that have been temporarily delicensed. (*See App. at 62.*)

2017).³ Afterwards, Seasons elected to withdrawal its Previous CON Application on April 7, 2017.

Despite Commissioner Stollenwerk's clear roadmap as to what information and referral agency support was needed to rectify the host of deficiencies in the Previous CON Application, Seasons filed a new CON application on September 26, 2017 for a nearly identical project, which includes the very same failings and inconsistencies previously identified by Commissioner Stollenwerk and Sheppard Pratt (the "Current CON Application"). In the Current CON Application, Seasons again proposes to construct a 72-bed RTC and certified PRTF in Fort Washington, Maryland. According to Seasons, its program will be divided into two treatment tracks, including "a diagnostic and assessment" unit and a "residential" program. (App. at 34.) The proposed diagnostic and assessment unit would consist of twenty (20) beds in two separate ten (10) bed units to accommodate female and male residents. (*Id.* at 15-16.) Seasons indicates the average length of stay in the diagnostic and assessment unit will be 45 days. (*Id.* at 17.) The proposed residential unit would include a sixteen (16) bed male unit for adults aged 18-21, where residents would have an average length of stay of 180 days. (*Id.* at 15, 17). The residential unit would also house two eighteen (18) bed units to separately serve male and female adolescents aged 13 to 17, with an average length of stay of 270 days in each. (*Id.* at 15, 17.)

³ Citations to "App." refer to Seasons' CON Application submitted on September 26, 2017, as well as the sequentially numbered completeness responses submitted on March 30, 2018 and June 30, 2018. Further, citations to "App. Ex." refers to the exhibits submitted by Seasons in support of its CON application and cited page references are to the sequentially numbered pages of the CON application at the bottom of each exhibit. Citations to "S.P. Ex." refer to the exhibits submitted by Sheppard Pratt with its comments in opposition to Seasons' CON application filed contemporaneously herewith.

Seasons proposes to serve adults and adolescents who “generally require treatment for more severe and chronic behavior disorders, emotional challenges and trauma-related mental illnesses.” (*Id.* at 33.) Seasons categorizes the youth it proposes to serve as follows:

- adolescent females who are victims of sexual abuse and sex trafficking
- male sex offenders
- fire setting/arson
- assaultive and highly aggressive behaviors
- the developmentally delayed
- intellectually disabled (IQ’s of 70 and below)
- significant emotional and behavioral challenges
- substance abuse
- mental illness
- medically fragile
- self-injurious
- intergenerational trauma.

(*Id.* at 33, 55, 72-82, 142, 659.) Seasons also states that “[m]ost youth will present with dual diagnoses as defined by the DSM-V.” (*Id.* at 33, 142.)

Seasons asserts that “[t]hese residents meet a level of residential service intensity that often requires placement agencies to look outside of [the State of Maryland] for placement[,] and that the residents it intends to serve will “be among the most difficult to place in traditional RTCs; have a high rate of recidivism in RTC settings; meet the requirements of PRTF level of care; [and] most likely have failed in multiple community-based programs or other RTCs.” (*Id.* at 142.) Seasons states that its “extended service area is a 150-mile radius,” and, as with its Previous CON Application, estimates its census mix between years 1-3 to include 45% from the State of Maryland, 30% from the District of Columbia, 10% from West Virginia, 5% from Virginia, and 10% from unidentified “other states.” (*Id.* at 142-44.) Seasons, moreover, indicates that residents admitted “will likely be referred by state mental health agencies ([Maryland Department of Human Services], [Washington, D.C. Department of Human

Services], [Washington, D.C. Child and Safety Services Agency]), juvenile services and juvenile courts.” (*Id.* at 92, 94.)

Despite Commissioner Stollenwerk’s instruction for Seasons to “rethink its project” and resubmit a new application for an “appropriately-sized facility” with affirmative support from placing agencies, Seasons has again failed to meet the standards required for the Commission to approve its CON Application. (*See* S.P. Ex. 1 at 2.) First, and fatal to its CON Application, Seasons did not address required standards of COMAR 10.24.10 relating to Acute Care Hospital Services or any of the approval policies found in COMAR 10.24.07 governing Psychiatric Services, despite seeking licensure as a Special Hospital-Psychiatric Facility. (App. at 139; App. Ex. 24 at 448.)

More significantly, Seasons continues to perpetuate the same flawed need analysis and programmatic inconsistencies identified by Commissioner Stollenwerk in review of the Previous CON Application. Despite the Commission staff instructing Seasons to contact potential referral agencies and to provide the Commission with affirmative documentation from such agencies specifying that they are likely to use Seasons’ RTC beds in sufficient numbers to support the size and programming of each unit, Seasons has provided no such documentation. (*See* App. at 658.) What support from local agencies Seasons provided is likely based on misinformation concerning Seasons’ proposed facility and programming, which includes housing both sex victims and sex offenders, both the developmentally and intellectually disabled and highly aggressive and assaultive youths with high recidivism rates, all without adequate staffing, security, programming, or separation of milieu. And, Seasons support from referral agencies outside of Maryland, from which it projects the majority of its placements, is absent. In sum, Seasons has failed to satisfy its burden to demonstrate need for its facility or any of its programs.

Without the referral sources Seasons projects – which will be non-existent due to its proposed programming and inappropriate mixing of youth with highly specialized needs – Seasons’ proposal is not viable. Additionally, if approved, Seasons’ proposal would compete for the same population and from the same referring agencies as those currently served by the Mann RTC, the Jefferson RTC, and the other currently licensed RTCs operating in the Maryland, and thus, have a substantial adverse impact on Sheppard Pratt and other licensed RTCs and PRTFs in Maryland.

II. SEASONS FAILED TO ADDRESS REQUIRED STATE HEALTH PLAN STANDARDS APPLICABLE TO SPECIAL HOSPITAL-PSYCHIATRIC FACILITIES.

Seasons’ CON Application states that the proposed facility will be jointly licensed as an RTC and a “Specialty-Hospital Psychiatric Facility as outlined in COMAR 10.07.01.” (App. at 139; App. Ex. 24.) However, in its CON Application, Seasons did not address any of the State Health Plan standards required to build, construct, or develop a special hospital-psychiatric facility, including any of the standards in COMAR 10.24.10 relating to Acute Care Hospital Services or any of the approval policies found in COMAR 10.24.07 relating to Psychiatric Services. This fundamental defect, standing alone, requires denial of Seasons’ CON Application.

III. SEASONS FAILED TO MEET ITS BURDEN BY DEMONSTRATING NEED FOR ITS FACILITY OR PROGRAMMING IN ACCORDANCE WITH COMAR 10.24.01.08G(3)(b) AND THE CORE PRINCIPLES OUTLINED IN COMAR 10.24.07G(1)(a)-(c).

Pursuant to COMAR 10.24.01.08G(3)(b), the Commission must “consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.” Here, at most, Seasons has documented that existing Maryland RTCs do not treat small populations of youth who exhibit behaviors requiring strict

security protocols and youth who suffer from severe conditions that require expertly trained staff and a specialized treatment regimen specifically tailored to those conditions. Seasons, however, has not demonstrated that its proposed project can meet those needs.

In the March 30, 2017 project status conference summary concerning Seasons' Previous CON Application, Commissioner Stollenwerk stated that if Seasons were to file a new CON application, it must:

Provide letters from Maryland and D.C. agencies that serve as referral sources for RTC clients that clearly document that each such agency is likely to use [Seasons'] RTC beds in sufficient numbers to support the size and programming of each unit as proposed (gender-specific assessment units, each male residential treatment unit, each female residential treatment unit, older male treatment unit). These letters should specify any specific programming and staffing requirements (e.g., staffing and programming for special populations such as those with sex offending behaviors or fire starters or arsonists) and identify the level of mental functioning of the youth who are likely to be referred.

Seasons must be specific about its preparation to accept and treat the types of youth that the agencies identify as likely to be referred. It must also address the clinical appropriateness of treating the types of youth it will take and how it will separate youth that may not be appropriate to mix. Seasons must provide a bed utilization projection that provides a breakdown of admissions, patient days, and length of stay by unit and program, along with a statement of all assumptions underlying the projections. Obviously, this projection must be consistent with the referral base documented in letters from referring agencies.

* * *

Seasons should also reconsider its projection of need for male young adults 18-21, in light of the January 30, 2017 letter from [the Department of Juvenile Services]. Seasons should note that most Maryland [Department of Juvenile Services] placements to staff secure and hardware secure facilities are not RTC placements.

(S.P. Ex. 1 at 3-4.)

Likewise, in response to Seasons' Current CON application, the Commission issued a request for completeness information stating:

The Commission requests that Season's RTC contact Maryland and District of Columbia agencies to document the need and their likelihood in using RTC beds

in sufficient numbers to support the size and programming of each unit as currently proposed (the young adult unit for males age 18-21 years old, and the two Diagnostic & Assessment units and two PRTF units designated to treat both males and females age 13-17 years old). Seasons should contact agencies such as the Department of Human Resources; Behavioral Health Administration; Core Service Agencies; and the District of Columbia Department of Youth and Family Services and have each speak to the respective agencies' perception of need for the new/additional RTC capacity. In response to these agencies, Seasons must provide a response that is specific about its willingness and preparation to accept and treat the types of youth that the agencies identify as likely to be referred, and how the proposed Season's RTC will appropriately treat these youths, or how it will separate youths that may not be appropriate for placement.

(App. at 658 (emphasis added).)

Despite these instructions and the completeness request from Commission staff, in support of its Current CON Application, Seasons did not provide a single letter from any Maryland or District of Columbia referral agency supporting Seasons' facility, much less a commitment from such agencies to refer youth to Seasons.⁴ Instead, Seasons again attempts to establish need for its facility and programs by purporting to identify service "gaps" that include small populations of youth that referral agencies have difficulty placing in existing local RTCs due to specialized treatment and security needs. Seasons, however, fails to consider whether it is appropriate to treat youth with such dissimilar conditions and behaviors in the same units and milieu much less address how it could safely and appropriately care for such specialized populations. Seasons proposed programming and staffing demonstrate that it cannot do so.

A. Maryland Referral Sources.

Seasons identifies the Department of Juvenile Services ("DJS"), the Behavioral Health Administration ("BHA"), the Department of Human Services ("DHS"), and the Department of

⁴ The Prince George's County Department of Health and Juvenile Services did provide a letter expressing support for Seasons' program but it does not identify any specific programming or staffing requirements for an unmet need that Seasons could fulfill. (See App. Ex. 31 at 553.)

Education (“DOE”) as referral sources.⁵ Again, notwithstanding Commissioner Stollenwerk’s and the Commission staff’s directive for Seasons to provide clear documentation from such agencies that are likely to use Seasons’ RTC beds in sufficient numbers to support the size and programming of each unit, none of the state level agencies that place youth in RTCs – DJS, BHA, DHS – provided a letter in support of Seasons proposed project, much less a documented commitment to refer youths to Seasons. Rather, Seasons again cites various reports and correspondence that identify youth who are hard to place due to specialized needs, and Seasons claims that its facility and programming will fill those needs.

For example, Seasons cites the Governor’s Office for Children, FY 2016 Out-of-Home Placement and Family Preservation Resource Guide (“*FY 2016 Out-of-Home Guide*”), to identify purported service “gaps” in existing Maryland RTC capacity that requires out-of-state RTC placements. (App. at 67-68, App. Ex. 42.) Seasons also relies upon a letter from the DHS dated September 25, 2017, in which DHS Chief-of-Staff stated that the following conditions require out-of-state RTC placements: sexual offenders; developmentally disabled; intellectually disabled (IQs of 70 and below); medically fragile; highly aggressive; and self-injurious. (App. Ex. 35B at 2.) Based on these reported service gaps, Seasons prepared questionnaires that it sent to local agencies in Anne Arundel, Calvert, Frederick, Harford, Howard, Montgomery, and Prince George’s Counties requesting that those agencies identify need for the following populations:

- For seriously emotionally disturbed adolescent females
- For seriously emotionally disturbed adolescent males
- For male sex offenders

⁵ While the DOE “funds out-of-home placements made by Local School Systems, it is not a placing agency and does not place children out-of-home.” (App. Ex. 42 at 779.)

- For developmentally delayed adolescent males with a serious psychiatric condition
- For developmentally delayed adolescent females with a serious psychiatric condition
- For adolescents with co-occurring behavioral and autistic spectrum disorders
- For children younger than 12 with serious emotional problems
- For older youth 18-21
- For children and youth in need of pre-placement assessment and diagnostic evaluation.

(App. at 72.) And from the local agency responses, Seasons proposes to serve 248 youth suffering from these divergent conditions all in the same facility and in the same sex-specific milieu. (App. at 82.)

As an initial matter, none of the local agencies affirmatively responded that they were prepared to refer adolescents and adults to each of Seasons’ separate clinical programs. Additionally, the purported need for an additional 248 RTC placements conflicts with the reports from DHS, DJS, and BHA, which in FY 2016 reported a total of twenty-eight (28) youth placed in RTCs out-of-state during a one-day snapshot on January 31, 2016 (*see* App. Ex. 42 at 818, 836, 861), and which reported at most fourteen (14) youth placed in out-of-state RTCs during a one-day snapshot on January 31, 2017. (S.P. Ex. 2, *FY 2017 Out-of-Home Guide* at 47, 61, 83.)]⁶ This disparity may result from the fact that, with the exception of the response from Prince George’s County Department of Health and Juvenile Services, none of the local agency responses made clear whether the agency was reporting “estimated annual need” based on

⁶ The *FY 2016 Out-of-Home Guide* explains that RTC “placements reported by Juvenile Services are included in the Behavioral Health [RTC] placements. However, the Department of Human Resources placements are not double counts.” (App. Ex. 42 at 783.) Accordingly, Sheppard Pratt did not count the seven (7) out-of-state RTC placements reported by DJS in fiscal year 2016. Because a similar disclaimer does not appear in the *FY 2017 Out-of-Home Guide*, Sheppard Pratt counted all out-of-state RTC placements by DHS, DJS, and BHA in fiscal year 2017.

current RTC placements or whether the agency was estimating need beyond existing RTC capacity. (*See App. Ex. 15.*)

In any event, nowhere in its CON application or completeness responses does Seasons explain how it “will appropriately treat these youths, or how it will separate youths who may not be appropriate for placement” or “the clinical appropriateness of treating the types of youth it will take and how it will separate youth that may not be appropriate to mix” as requested by the Commission. (*See App. at 658; S.P. Ex. 1 at 3.*) For example, Seasons gives no consideration as to whether it is appropriate to treat and house sex offenders and youth with assaultive and highly aggressive behaviors with youth who are developmentally disabled, intellectually disabled (IQ of 70 or below), medically fragile, or autistic. (*See App. at 659.*) Seasons provides no description of the specialized programs or staff it will offer to these youth or its expertise in treating any of these special needs populations. Its utilization projections also do not account for the population mix and specialized programming that may be required such as single room occupancy or the fact that sex offenders generally cannot be housed in a unit with non-sex offenders.

In describing the need to place five (5) youth in out-of-state RTCs in fiscal year 2017, the BHA aptly explained the specialized treatment and security features found in RTCs that treat the type of youth who Seasons proposes to serve and thus the deficiencies in Seasons’ proposed facility:

Ages served range from 15 to 20. Three youth have diagnoses including post-traumatic stress disorder and histories of severe abuse. Two have developmental problems including intellectual disability or autism spectrum disorder. All have problems with emotional and/or behavioral regulation, oppositional defiant disorder and/or impulse control disorders. All have had previous treatment in a residential treatment center and all were eventually rejected by the Maryland residential treatment centers.

* * *

The practicality of treating youth with the combinations of severe behavior health disorders described above in Maryland facilities is problematic. Within the past five years, the number of these complex and severely impaired youth placed out-of-State has varied from six to 26 on the one-day census. The economics of serving these youth in Maryland residential treatment centers may make it unreasonable for providers to increase their staff, space, structure, and protocols for a very small and highly variable number of these youth with complex and severe impairments. An in-State facility might only have one or two youth at any given time, at most.

Creating a special unit for these youth also has its drawbacks, as the optimal treatment approach may be very different from one youth to another. For example, individuals with sexual behavior problems are not treated on the same unit as those without such problems. Treating male and female youth on the same unit would be another conundrum. As it stands now with out-of-State youth, each one is in the best treatment program available for their needs in their current setting.

(S.P. Ex. 2 at 82.)

Of course, combining youth with a range of special needs with those requiring extraordinary security into a single facility as Seasons proposes to do is not only infeasible but dangerous. Although Seasons does not address the specialized needs, programming, and security for the populations it proposes to serve, its proposed 1:10 “direct clinical care staff to resident ratio” and facility design demonstrates that it could not safely care for all such youth. (See App. at 98.) Notwithstanding that it proposes to house on the same units youth with histories of sexual assault and highly aggressive and assaultive behaviors with the developmentally and intellectually disabled, Seasons indicates that it will have only 1.5 full-time equivalent security staff for up to 72 proposed high-risk residents. (App. at 175, Ex. 23 at 419-20). This level of security staffing equates to having only a single security staff person on site thirty-five percent (35%) of the time. To this end, Seasons’ proposed facility is inconsistent with the staffing requirements of COMAR 10.24.07G(3)(i). Further to appropriately treat youth who are

developmentally disabled, intellectually disabled (IQ of 70 or below), medically fragile, or autistic, Seasons would need an approximate 1:6 direct clinical care staff to resident ratio and include more highly skilled clinical disciplines such as speech therapists, behaviorists and occupational therapists. As a result, assuming placing agencies would refer such youth to Seasons, its staffing plan is inadequate and its accompanying financial projections grossly understate staffing costs.

The inconsistency of Seasons' "need" analysis is best illustrated by its claim that it will be a referral source for DJS-committed youth who are presently referred to out-of-state facilities. (App. at 69, 659-70.) Seasons again cites the Maryland Department of Juvenile Services report entitled Residential and Community-Based Service Gap Analysis from December 31, 2013, in which DJS reported a need for additional capacity at Level III hardware secure facilities for male youths and a need for additional services at Level II staff secure facilities for female youths. (App. at 69; App. Ex. 13 at 289-90.) Throughout its CON Application, Seasons contends that its facility will be both Level III, "hardware secure," and Level II, "staff secure," and that it will be able to fill the service gap identified by DJS. (*See* App. at 55, 71, 141, 186, 657.) In doing so, Seasons ignores the Commission's instruction that "most Maryland Department of Juvenile Services placements to staff secure and hardware secure facilities are not RTC placements." (App. at 657; S.P. Ex. 1 at 4.) Seasons will be neither hardware nor staff secure.

Maryland currently has two State-operated Level III "hardware secure" facilities, including the Victor Cullen Center, a 48-bed committed placement facility for males aged 15-18, and the J. DeWeese Carter Center, a 48-bed committed placement facility for females aged 14-18. (App. Ex. 44 at 1121.) Level III "hardware secure" programs rely "primarily on the use of construction and **hardware such as locks, bars, and fences** to restrict youth's movement." (*Id.*

at 987) (emphasis added).⁷ Hardware secure programs are generally designed for youthful offenders who are adjudicated for violent offenses or have a history of violent offending.

In contrast, DJS Level II committed “programs are staff secure residential programs, meaning a youth’s movement is controlled by staff supervision rather than by architectural features.” (*Id.* at 989) These programs are typically utilized for more serious, non-violent and/or chronic offenders. There are several “staff secure” facilities presently operating in Maryland, including the DJS-operated Western Maryland Youth Centers, the William Donald Shaefer House, and the privately-operated Silver Oak Academy. (*Id.* at 1121.)

Despite Seasons’ unadorned and unexplained statements that it will be both “staff and hardware secure,” as noted by the Commissioner staff, DJS referrals to Level III and Level II facilities are not RTC placements and it is clear Seasons cannot accommodate DJS youth assigned to this level of security. (*See App.* at 657.) Additionally, Seasons has not identified any contract or discussions with DJS to serve as a Level III hardware secure or Level II staff secure facility, and Seasons’ construction plans and staffing proposals do not account for security at these levels. Finally, absent an wholesale change to the manner in which DJS assigns security levels to youths committed to its custody, Seasons’ targeted population – youth with “a history of arson/fire setting, emotional disturbance, aggressive and assaultive behavior” and “high rates of recidivism” – will likely be assigned a security level well beyond the capabilities of Seasons’ proposed facility and staffing levels. (*See App.* at 33.)

⁷ See also Maryland Code, Criminal Law § 9-401 (defining a “hardware secure facility” as one that “is securely locked or fenced to prevent escape”).

In sum, Seasons has not demonstrated that its proposed project can meet the unmet needs of the population to be served in accordance with COMAR 10.24.01.08G(3)(b) or the core principles outlined in COMAR 10.24.07G(1)(a)-(c).

B. Washington, D.C. Referral Sources.

Seasons identifies that thirty percent (30%) of its residents in years 1 through 3 will come from the District of Columbia. (App. at 59.) Strikingly, however, Seasons has not provided one letter of support from a District of Columbia referral agency, much less a documented “commitment of the referring District of Columbia agencies that assures a stream of referrals consistent with Seasons’ projection of clients from this source” that Commissioner Stollenwerk stated would be necessary to establish need for Seasons’ facility and programming. (S.P. Ex. 1 at 4.)⁸

Seasons identifies the DC Department of Youth Rehabilitation (“DYRS”), the DC Department of Behavioral Health (“DC DBH”), and DC Child and Family Services Agency as potential referral sources. Seasons cites the fact that there are no RTCs in the District of Columbia and that the District of Columbia must, therefore, place youth in RTCs outside the District as the sole basis for its need projection. Seasons provides no evidence that its programming serves the type of youth placed by the District of Columbia, and again, none of the purported referral agencies has expressed support for nor a documented commitment to place youth at Seasons.

⁸ Seasons did submit four letters of support from persons or entities located in the District of Columbia, including: (1) a licensed social clinical social worker; (2) two charter schools; and (3) a short-term psychiatric hospital. (See App. at 85; App. Ex. 31.) None of these persons or entities are government entities that may place District of Columbia youth at Seasons and none made any commitment to do so.

First, Seasons' identification of the DC DBH as a referral agency is specious. In its September 21, 2017 letter addressed to Commissioner Stollenwerk, DC DBH explained that it "does not place youth in residential treatment facilities or PRTFs, but rather provides clinical monitoring for youth placed by other DC child-serving agencies when these agencies have gained approval via the District's PRTF review committee process." (App. Ex. 16 at 317.) And, while DC DBH previously indicated that it would "advocate" with actual placing agencies "given that [Seasons proposed] services and programming appear to match the clinical needs of DC Youth[,]" DC DBH's advocacy for Season was likely based on a misunderstanding of Seasons' programming. The DC DBH explained that "District government agencies also recognize there is inadequate array of service/program options for youth coping with fire setting behavior; borderline intellectual functioning; comorbid autism diagnoses; problem sexual behaviors, for perpetrators and victims; victims of sex trafficking; and comorbid aggressive/violent behavior; and services addressing complex or intergenerational trauma." (*Id.* at 319.) However, as explained above, Seasons fails to explain how it could serve all of these populations in a single facility and its staffing, programming, and facility design demonstrate that it cannot.

The DYRS is also a dubious source of referrals for Seasons. As with its Previous CON Application, Seasons touts its prior contract with DYRS "to provide hardware and staff secure residential programming to support the needs of youth in the custody of juvenile services in the District of Columbia" as evidence of "the need for a strong local program of this type to support area youth." (App. at 86.) It should be noted, however, that Seasons' contract with DYRS provided no guarantee of referrals and created no obligation for the District of Columbia to purchase any particular service from Seasons. (S.P. Ex. 3, Season 2014 Human Care Agreement

with DYRS.) More importantly, Seasons' contract with DYRS was for "short term placement services" in "Staff Secured" and "Hardware Secured" facilities. (*Id.*) As described above, Seasons will be neither, and therefore, incapable of accepting residents requiring this level of security even if DYRS continues to have a need for such placements.⁹ Additionally, Seasons' proposal indicates that "[e]ach resident room is double-occupancy." (App. at 18.) But, Seasons' contract with DYRS precluded double-occupancy and requires that "[t]he orientation and assessment facility shall include, but not be limited to, **separate sleeping quarters for each youth[.]**" (S.P. Ex. 3 at 11, § 4.7.1 (emphasis added).) Accordingly, if Seasons were somehow able to admit 25% of its residents pursuant to the DYRS contract (notwithstanding its inability to accept referrals requiring a "staff" and "hardware" secure facility), each DYRS resident would effectively fill two beds.

At bottom, Seasons identified no need for a Maryland RTC to serve youth from the District of Columbia and failed to demonstrate the "commitment of the referring District of Columbia agencies that assures a stream of referrals consistent with Seasons' projection of [30% of] clients originating from this source." (*See* S.P. Ex. 1 at 3.)

C. Other State Referrals.

Seasons projects that ten percent (10%) of its patient population will come from West Virginia, five percent (5%) from Virginia, and ten (10%) from unidentified "other states." (App. at 142-44.) Seasons' projected referrals from these states continues to be, in the words of Commissioner Stollenwerk, "suspect." (S.P. Ex. 1 at 3.) Seasons has provided no support from

⁹ To this end, in 2015, DYRS terminated a contract with Boys Town Washington, D.C., Inc. to operate a 25-bed hardware secure facility because "Boys Town could not meet the hardware secure regulations." (*See* S.P. Ex.4, DYRS Human Care Agreement With Boys Town.; S.P. Ex. 5, Andrea Noble, DYRS To Spend \$1.6M To House Youths In Fairfax, Wash. Times, Mar. 15, 2015.)

any referral agency from either West Virginia or Virginia that commits to referrals or even supports Seasons' proposed project. Nor has it otherwise demonstrated a need for a Maryland RTC to serve youth from these states.

With respect to West Virginia, Seasons cites to excerpts from the West Virginia Department of Health & Human Resources ("WV DHHR") Annual Progress Report from 2016 and a purported 2017 Placement Report showing that West Virginia places youth in RTCs out-of-state. (App. at 87, App. Exs. 17-18.) Seasons provides this information to demonstrate a need for its program, but Seasons could not accept placements from the WV DHHR due to its staffing ratios. As set forth in the WV DHHR provider manual, for coverage by WV DHHR in an in-state or out-of-state RTC, "[t]he staffing ratio for a PRTF shall be one staff to three members (1:3) during day and evening hours (one staff whose primary responsibility is providing direct care for every three children) and (1:6) during sleep hours with the capability to increase staff ratio in response to acuity, extending to the provision of one-on-one (1:1) care when necessary." (S.P. Ex. 6 § 531.1.3, page 9.) Because Seasons "overall direct clinical care to staff to resident ratio will be planned for a 1:10 ratio," WV DHHR could not place any youth with Seasons. (App. at 98.) And, although West Virginia may have a number of out-of-state long-term RTC placements, there is no indication of the security requirements of this population, whether such placements would fall within the parameters of Seasons' program, or whether there is sufficient capacity in RTCs closer than Prince George's County, Maryland. (*See* S.P. Ex. 1 at 3 ("In the case of West Virginia, [Seasons] has not presented adequate information on the population sent out-of-state, nor has it addressed the question of whether there is sufficient RTC capacity closer than Prince George's County, Maryland.")).

In the case of Virginia, “Seasons has [again] not presented evidence that Virginia has insufficient beds to meet its need.” (S.P. Ex. 1 at 3.) Indeed, to the extent that existing RTCs in Virginia serve youth from Washington D.C., it would appear that Virginia RTCs have adequate capacity to serve Virginia youth. (*See App. at 84* (stating that the DC Office of Contracting and Procurement contracts with Virginia RTCs to serve DC youth).)

With respect to other identified states from which Seasons projects ten percent (10%) of its residents, Seasons provides no data to support an unmet need, that its program will fill such a need, or that its program will be located closer to those states that where youth would otherwise be sent.

D. Commercial Insurance and Tricare

Seasons also provides no data or other information concerning a need for RTC capacity for youth insured by Tricare or commercial insurance, including Kaiser, Blue Cross and Blue Shield, and Cigna, despite projecting that residents with these insurance coverages will comprise approximately eight percent (8%) of gross resident revenue in each of its first three years of operations. (*See App. at 89; App. Ex. 23 at 374.*) In Sheppard Pratt’s experience, commercial insurance plans generally do not cover an inpatient level of care for RTC admission. Nevertheless, Seasons has failed to identify any capacity need from any of these anticipated services lines.

IV. IF APPROVED, SESASONS’ PROPOSED PROJECT WOULD HAVE A SUBSTANTIAL ADVERSE IMPACT ON THE OCCUPANCY OF EXISTING MARYLAND LICENSED RTCs, INCLUDING SHEPPARD PRATT.

In its description of the impact of its project on existing RTCs and the health care delivery system, Seasons repeatedly contends that there is a gap in capacity of current Maryland

RTCs to serve Season's expected population and that there will be no adverse impact on utilization or occupancy of existing Maryland RTCs. The CON Application states:

- "Seasons believes there is an unmet need and documented 'gap' in residential treatment services for the type of youth and families Seasons will serve. Occupancy rates for area providers should not be adversely affected by the introduction of this program as existing providers do not serve a significant segment of youth in need of residential treatment services. These youth present will likely have a history of:
 - fire setting/arson behaviors
 - assaultive behaviors
 - aggressive behaviors
 - substance abuse
 - significant emotional and behavioral challenges
 - mental illness
 - sexual abuse and sex trafficking
 - academic failure or challenges." (App. at 186.)
- "These youth may also need concomitant treatment for substance abuse and mental health issues and need for additional hardware secure programs in MD has been clearly established by MD referral sources. This difficult to treat population of youth with specialize needs and behavioral challenges are not being met. Assets, including jobs and tax dollars are being sent to other jurisdictions because existing providers cannot support MD youth in in-state programs. The approval of this project will not duplicate existing resources." (*Id.*)
- "Occupancy rates for area providers should not be adversely affected by the introduction of Seasons, because Seasons' target population is primarily youth and young adults who MD providers cannot or do not want to treat. The need for additional hardware secure programs in MD has been clearly established by MD referral sources and youth needing this level of care are not being served in the local community." (*Id.*)

As explained in Section II above, however, Seasons proposed program and facility will not be able to accept the bulk of youth currently placed by Maryland agencies in RTCs out-of-state, which are overwhelmingly to staff and hardware secure facilities or to highly specialized facilities that can safely treat special needs youth and youth with unique behavioral concerns. As a result, Seasons will necessarily compete with and seek to redirect admissions from currently licensed Maryland RTCs. To the extent that any specific needs for Maryland RTCs are

identified, these needs should be addressed by existing RTCs and through the temporarily delicensed bed capacity from Good Shepherd that Sheppard Pratt intends to bring back into service.

V. SEASONS FAILED TO DEMONSTRATE THAT THE PROPOSED PROJECT WOULD BE VIABLE UNDER COMAR 10.21.01.08G(3)(d).

In its CON application, Seasons estimates that its census mix between years 1-3 to include 45% from the State of Maryland, 30% from the District of Columbia, 10% from West Virginia, 5% from Virginia, and 10% from unidentified “states outside the Mid-Atlantic region.” (App. at 142-44.) Seasons’ proposal also indicates that placements for both its assessment and residential units “will likely be referred by state mental health agencies . . . , juvenile services and juvenile courts.” (*Id.* at 92.)

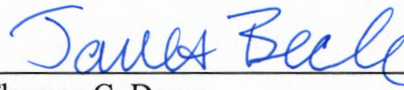
As detailed in Sections II and III above, each of the agencies from which Seasons proposes to draw referrals are for youth who Seasons will be unable to accept due to its proposed facility, programming, and staffing. Absent anticipated placements from these agencies, including a proposed 10% of admissions from West Virginia, which will be precluded from making any placements, Seasons proposal is not financially viable.

And, despite projecting revenues of more than \$1.5 million and \$3 million annually for its proposed outpatient day school (App. Ex. 23 at 391-93), Seasons did not identify any support for its school program from the Maryland Department of Education or local school boards. Seasons also has not identified a need for additional special education programs that would make its proposed education program viable.

CONCLUSION

For the reasons set forth above, Sheppard Pratt respectfully asks that Seasons' Application proposing to construct a new, 72-bed RTC in Fort Washington be denied.

Respectfully submitted,



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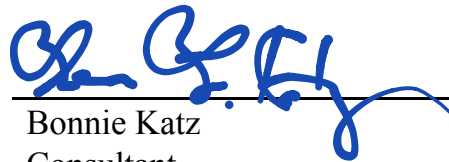
Attorneys for Sheppard Pratt Health Systems, Inc.

September 4, 2018

I hereby declare and affirm under the penalties of perjury that the facts stated in Sheppard Pratt Health System's Interested Party Comments on Seasons Residential Treatment Program's CON Application Proposing the Construction of a New 72-Bed Residential Treatment Center in Prince George's County, Maryland and its attachments are true and correct to the best of my knowledge, information, and belief.

September 4, 2018

Date



Bonnie Katz

Consultant

Business Development and Strategy
Sheppard Pratt Health System, Inc.

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of September 2018, a copy of the foregoing Comments on Seasons' CON Application was sent via first-class mail to:

Tyeaesis Johnson
Chief Executive Officer
Seasons Residential Treatment Program, LLC
1101 30th Street, NW 4th Fl.
Washington, DC 20007

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive
Suite 200
Largo MD 20774

/s/ James Buck

James C. Buck



EXHIBIT 1

STATE OF MARYLAND

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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March 30, 2017

By E-Mail and USPS

Tyeaesis Johnson, CEO
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Thomas C. Dame, Esquire
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Re: Project Status Conference Summary
Seasons Residential Treatment Program, LLC
Application for Certificate of Need
Docket No. 14-16-2357

Dear Ms. Johnson and Counsel:

I am writing this letter to summarize the project status conference held on March 29, 2017, regarding the application for Certificate of Need (CON) filed by Seasons Residential Treatment Program, LLC. (Seasons) that seeks to establish a 72-bed residential treatment center (RTC) program in Prince George's County. I called this project status conference, pursuant to COMAR 10.24.01.09A(2), to address aspects of Seasons' application that I have determined are inconsistent with applicable standards and review criteria and that prevent me from issuing a Recommended Decision that asks the Maryland Health Care Commission (Commission) to approve Seasons' application.

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Present at the project status conference were the following representatives of the parties and Commission staff:

Applicant Seasons Residential Treatment Program, LLC, a subsidiary of Strategic Behavioral Health

Tyeaesis Johnson, CEO, Seasons Residential Treatment Program, LLC, and VP Business Development, Strategic Behavioral Health
Mike Garone, Director of Development, Strategic Behavioral Health
L. Stephen Hess, Esquire, Tydings and Rosenberg, LLC

Interested Party Sheppard Pratt Health System, Inc.

James C. Buck, Esquire, Gallagher Evelius & Jones LLP

Commission Staff

Ben Steffen
Paul E. Parker
Kevin McDonald
Joel Riklin
Suellen Wideman, AAG

At the project status conference, I acknowledged the importance of ensuring that every young person who needs RTC services has access to a quality placement that is as close to home as possible, and I urged Seasons to withdraw its application, rethink its project, and resubmit a letter of intent and new application for an appropriately-sized facility when it is fully prepared to do so. I discussed the following areas that prevent me from making a positive recommendation to the Commission: (1) Need - COMAR 10.24.01.08G(3)(b); (2) Availability of More Cost-Effective Alternatives - COMAR 10.24.01.08G(3)(c); (3) Viability of the Proposal - COMAR 10.24.01.08G(3)(d); and (4) Impact on the Existing Providers and the Health Care Delivery System - COMAR 10.24.01.08G(3)(f).

COMAR 10.24.01.08G(3)(b): Need

Seasons has not shown that the additional RTC capacity proposed is needed to meet the needs of Maryland's youth. While Seasons states that its project will also serve youth from the District of Columbia (D.C.), it has not demonstrated sufficient evidence of demand that will be generated from D.C., or from placements originating in Virginia and West Virginia. If approved, the proposed project would increase Maryland's supply of licensed RTC beds by 12% and increase operational bed capacity¹ by 17% at a time when RTC bed capacity in Maryland has been shrinking, partly in response to reduced levels of demand.²

¹ Based on a statewide inventory of 418 RTC beds in February 2017.

² If the pending temporarily delicensed beds are subtracted from the inventory, these percentages become 18.5% and 22% respectively.

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Seasons projects that 45% of its admissions would be Maryland residents. However, utilization of Maryland RTCs has been declining as both in-state and out-of-state placements by State agencies in Maryland have declined. Seasons has not demonstrated that there is a need for additional RTC bed capacity to serve demand originating in Maryland. While Seasons has projected that 30% of its referrals would come from D.C, it has not documented the commitment of the referring District of Columbia agencies that assures a stream of referrals consistent with Seasons' projection of clients originating from this source. It is notable that three Maryland RTCs have recently temporarily delicensed a total of 237 RTC beds (about 38% of the State's licensed bed supply), at the same time that Seasons states that there are D.C. youth who need placement closer to D.C. It is unclear why the three Maryland RTCs would have delicensed so many beds if there were nearby youth needing RTC placement.

Additionally Seasons' projection of referrals from Virginia and West Virginia are suspect, as Seasons has not presented evidence that Virginia has insufficient beds to meet its need. In the case of West Virginia, the applicant has not presented adequate information on the population sent out-of-state, nor has it addressed the question of whether there is sufficient RTC capacity closer than Prince George's County, Maryland.

Other Considerations

Seasons failure to demonstrate need forms the linchpin of my analysis. My assessment regarding need leads to my conclusion that the proposed project is likely to threaten the stability of the existing Maryland RTCs, which may provide a more cost-effective alternative for meeting need than the proposed project, and throws doubt on the viability of the proposed project. If Seasons had shown the need for the number of RTC beds that it proposes, my other concerns would recede.

Recommendations

As I noted earlier, I believe that it would be in Seasons' best interest to withdraw its application and later submit a new letter of intent and application. If it files a new application, Seasons must address the following matters in a comprehensive manner and fully document the need for the RTC beds that it seeks.

Need

Provide letters from Maryland and D.C. agencies that serve as referral sources for RTC clients that clearly document that each such agency is likely to use RTC beds in sufficient numbers to support the size and programming of each unit as proposed (gender-specific assessment units, each male residential treatment unit, each female residential treatment unit, older male treatment unit). These letters should specify any specific programming and staffing requirements (e.g., staffing and programming for special populations such as those with sex offending behaviors or fire starters or arsonists) and identify the level of mental functioning of the youth who are likely to be referred.

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Seasons must be specific about its preparation to accept and treat the types of youth that the agencies identify as likely to be referred. It must also address the clinical appropriateness of treating the types of youth it will take and how it will separate youth that may not be appropriate to mix. Seasons must provide a bed utilization projection that provides a breakdown of admissions, patient days, and length of stay by unit and program, along with a statement of all assumptions underlying the projections. Obviously, this projection must be consistent with the referral base documented in letters from referring agencies.

In arriving at its projections, Seasons must assure that the actual placement numbers that it uses account for the significant double counting of the placements of youth that are paid for by Medicaid and reported by the Maryland Behavioral Health Administration and of youth reported as placed by the Maryland Department of Human Resources (DHR) and the Maryland Department of Juvenile Services (DJS). It is likely that double counting could be a problem with D.C. data as well, with the numbers reported by the D.C. Department of Youth Rehabilitation Services (DYRS) and those reported by the D.C. Department of Behavioral Health and the Department of Health Care Finance. Seasons should also reconsider its projection of need for male young adults 18-21, in light of the January 30, 2017 letter from DJS. Seasons should note that most Maryland DJS placements to staff secure and hardware secure facilities are not RTC placements. Seasons should also assure that any contract it describes or executes with DYRS matches the proposed project in terms of room occupancy, length of stay, and other requirements.

Architectural Plans

Architectural plans must detail the number of beds by programmatic unit and the mix of private and semi-private rooms.

Project Budget

The project budget must be fully consistent with the space, bed capacity, unit configuration, and staffing plan for the facility.

Projected Revenues and Expenses

Seasons must submit a schedule of projected revenue and expenses that accounts for the number of beds, proposed programing, etc. The schedule of projected revenue and expenses must disclose, explain, and justify each assumption. The staffing table must be consistent with the revenue and expense projections and reflect the staffing requirements of each program proposed. For instance, the number of psychiatrists must be sufficient to provide psychiatric coverage at the level of 24 hours per day, seven days per week, and 365 days per year, if such a level is specified. A supplemental table should detail direct care staffing by shift and by programmatic unit.

Viability

A letter must be provided regarding the availability of funding for the project, including anticipated financing arrangements, and the latest audited financial statement for Strategic Behavioral Health.

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Conclusion

I request that Seasons advise me by 4:30 p.m. on Friday, April 7, 2017 whether it will withdraw its application without prejudice, as I recommend, or whether I should proceed to issue a Recommended Decision recommending that the Commission deny Seasons' pending application. If Seasons needs additional time to make this decision, it should request additional time. As always, Seasons should copy staff, parties, and others who are copied on the email by which this project status conference summary is sent. If I issue a Recommended Decision in which I recommend that the Commission deny Seasons' pending application, the applicant may file written exceptions to my proposed decision, as provided in COMAR 10.24.01.09B, to which Sheppard Pratt, if it chooses, may respond. Oral argument would then take place before the full Commission. Judicial appeal may follow the decision of the Commission regarding the application.

Seasons representatives asked about timing if Seasons chooses to submit a new application. If Seasons submits a new application that is thorough, detailed, documented, and logically consistent, the Commission staff and I, if the application is contested and I continue as Reviewer, will make every effort to issue a Recommended Decision expeditiously. Documentation of need and the "right sizing" of the proposed RTC are essential elements of the application. As I noted, another reason why Seasons should withdraw its current application is that, as long as the current application is not withdrawn and remains a contested case, Commission staff may not consult with Seasons regarding its application. In contrast, if Seasons withdraws its current application, Commission staff will be able to talk with you in more detail about ways in which the withdrawn application is inadequate and what must be submitted in a new application.

I remind all parties that this is a contested case and that the ex parte prohibitions in the Administrative Procedure Act, Maryland Code Ann., State Gov't §10-219, apply to this proceeding until the Commission issues a final decision.

Sincerely,



Diane Stollenwerk, MPP
Commissioner/Reviewer

cc: Pamela Creekmur, RN., Health Officer, Prince George's County
Paul Parker, Director, Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need
Suellen Wideman, AAG
L. Stephen Hess, Esquire
Howard L. Sollins, Esquire

EXHIBIT 2

FY2017 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan

February 12, 2018

Larry Hogan

Governor

Boyd K. Rutherford

Lt. Governor

Jaclin Warner Wiggins

Acting Executive Director

Governor's Office for Children

Submitted by: Governor's Office for Children

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MSAR # 6523

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For further information or copies of this report, please visit the Governor's Office for Children's website at <http://goc.maryland.gov/reports/>.

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Executive Summary

The Governor's Office for Children has compiled this report that documents the State's capacity for and utilization of out-of-home placements, analyzes the costs associated with out-of-home placements, facilitates an evaluation of Statewide family preservation programs, and identifies areas of need across Maryland, pursuant to the Maryland Annotated Code, Human Services Article, §8-703 and the 2017 Joint Chairmen's Report. The following are items of note:

- Placements overall continue to decrease. Placements are down by nearly 10% from last year and have decreased by 40% over the past five years.
- For a second year in a row, hospitalizations have increased. Hospitalizations are up by more than 18% since 2016.
- While placement exits outpaced entries in FY2017, placement exits decreased while entries increased from FY2016. Entries increased by more than a quarter (28%) and exits decreased by 15%.
- Out-of-State placements decreased by 35% from January 31, 2016 to January 31, 2017. The point in time count does not reflect additional efforts by the Children's Cabinet to decrease the out-of-State placement rate and increase capacity throughout 2017.
 - The cost of out-of-State placements decreased by more than 42%.
 - More placements (62) were made to non-community-based programs, such as Residential Treatment Centers, juvenile detention, and other staff secure programs, than to any other placement category.
- In FY2017, approximately 16,999 children from 7,973 families received Human Services In-Home services. In-Home services keep children with their families, rather than in placement.

Introduction and Overview

The State is responsible for providing children in out-of-home care with placements and services that meet their needs. The Out-of-Home Placement and Family Preservation Resource Plan (Report) is meant 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. The Report fulfills the requirement, pursuant to the Maryland Annotated Code, Human Services Article, §8-703, to annually produce a State Resource Plan "in order to enhance access to services provided by [Residential Child Care Programs]" and the 2016 Joint Chairmen's Report requesting an evaluation of "Maryland's family preservation programs in stemming the flow of children from their homes."

The purpose of the Report is to document placement trends in Maryland, identify children's needs in Maryland, and describe how the agencies are meeting those needs. The Children's Cabinet has long been interested in reducing the number of children who go to out-of-State placements for several reasons. The main reason is out-of-State placements are usually more disruptive to the child and his/her family which can hinder treatment. Distance puts a significant barrier to a family's ability to participate in their child's treatment and to have contact with their child. Distance also interferes with the ability of the Departments' case manager to participate in the placement's treatment planning and follow the child's progress. Finally, out-of-State programs are often significantly more expensive than in-State programs.

The Report contains information provided by the child-serving agencies, including the Departments of Human Services, Health, Juvenile Services, and the Maryland State Department of Education. In the Report, these agencies summarize notable details about their out-of-home placements, based on common data elements, and may elaborate on other data presented in the addendum of each agency's section. This year's report will also expand on the discussion of out-of-State placements to include an analysis of the policies and procedures related to placing a child out-of-State, specific factors that led to placing children out-of-State during the most recent year, as well as information regarding efforts to reduce out-of-State placements and increase in-State capacity.

Reasons for Placement: In Maryland, children enter out-of-home care for a variety of reasons and under many circumstances. Children may be placed in the care and custody of the State when they are determined by the court to be a Child In Need of Assistance, a Child In Need of Supervision, or Delinquent. Children can also enter placement through a Voluntary Placement Agreement under which a parent voluntarily places a child in the care of the State.

Placing Agencies: The State child-serving agencies and administrations responsible for placing children in out-of-home placements are the Departments of Human Services (Human Services); Juvenile Services (Juvenile Services); and Health (Health), including the Developmental Disabilities Administration (Developmental Disabilities) and the Behavioral Health Administration (Behavioral Health). Although the Maryland State Department of Education

(Education) funds out-of-home placements made by the local school systems, it is not a placing agency and does not place children out-of-home.

Funding for Placements: Placements are funded in a variety of ways. Children whose placements are funded by the Department of Education, either in whole or in part, will be discussed in this Report as well as children placed by other agencies and administrations. These agencies and administrations may fund the placements, or the placements may be funded by Medical Assistance, which is administered through the Department of Health. Placements may also be co-funded by several State agencies.

Educational costs may be covered by the child's local school system, and reimbursed by the Department of Education, if the child has a disability, as defined by federal regulations, which requires an "Individual Educational Program" to achieve the child's educational objectives, and the local school system determines the child's educational needs cannot be met in a regular public school. Otherwise, education costs must be covered by other funds, such as the budgeted placement funding of the Department of Human Services or Department of Juvenile Services, if the child is so committed.

Local Operations: Each of these child-placing and funding agencies and administrations operates differently at the local level. The Departments of Health (through the Behavioral Health Administration), Human Services, and the Maryland State Department of Education serve children and families through their 24 local counterparts within each of the State's local jurisdictions – the local Department of Social Services, the local Core Service Agencies¹, the local Substance Use Councils, and the local school systems. The Department of Juvenile Services and Developmental Disabilities Administration have regional offices, which, in turn, have local offices. For administrative purposes, Juvenile Services has six designated regions and Developmental Disabilities Administration has four. These regions are:

Juvenile Services

- Baltimore City
- Central Region (Baltimore, Carroll, Harford, and Howard Counties)
- Metro Region (Montgomery and Prince George's Counties)
- Eastern Shore Region (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties)
- Southern Region (Anne Arundel, Calvert, Charles, and St. Mary's Counties)
- Western Region (Allegany, Frederick, Garrett, and Washington Counties)

¹ One Core Service Agency located on the Eastern Shore serves five local jurisdictions.

Developmental Disabilities

- Central Region (Baltimore City, and Anne Arundel, Baltimore, Harford, and Howard Counties)
- Eastern Shore Region (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties)
- Southern Region (Calvert, Charles, St. Mary's, Montgomery, and Prince George's Counties)
- Western Region (Allegany, Carroll, Frederick, Garrett, and Washington Counties)

Data Collection Methodology, Definitions, and Considerations

The data in this Report is aggregate data submitted by each agency for the fiscal year, and the one-day census for each fiscal year. Each agency was given a data request guide along with data collection templates for data reporting and clarification of the information request. The Governor's Office for Children (Office) also worked individually with each agency to ensure a thorough understanding of reporting requirements and identification of each agency's unique placement process and data collection methods.

Methodology

Each child-serving agency was asked to provide aggregate data using specific templates for children in placement and associated costs for the last fiscal year. The following information describes the parameters of the requested data:

Reporting Period

This Report features tables and graphs derived from two data sources – “full fiscal year” data and “one-day census” data. This Report differentiates tables using fiscal year data with a shaded background, and graphs using the one-day census with a white, or blank, background. These are the definitions for each data reporting period:

- *“Full Fiscal Year”* – All placements during the fiscal year including carryover placements from the prior fiscal year(s). The fiscal year periods are as follows:

FY2013: July 1, 2012 through June 30, 2013

FY2014: July 1, 2013 through June 30, 2014

FY2015: July 1, 2014 through June 30, 2015

FY2016: July 1, 2015 through June 30, 2016

FY2017: July 1, 2016 through June 30, 2016

- *“One-Day Census”* – The one-day count date used for each fiscal year is as follows:

FY2013: January 31, 2013

FY2014: January 31, 2014

FY2015: January 31, 2015

FY2016: January 31, 2016

FY2017: January 31, 2017

Age Group

This Report classifies placement for children through their 21st birthday (*i.e.*, to age 20.999) as of the date of admission for new placements, and as of July 1st of the fiscal year for carryover placements. There are two exceptions to this construct: 1) placements that are funded by Education include children who are served through the academic year of their 21st birthday; and 2) certain Behavioral Health placements that end at the child's 18th birthday when they are transitioned to the adult system.

Race

Any child who is characterized in case records as identifying with more than one race is included in the “Bi-Racial/Multiple Race” category. Children who identify as Hispanic are included in the “Other” category if they did not identify as any race but identified as being Hispanic in ethnicity.

Definitions

- *“Bed-Day”* – A unit of measurement that refers to a single day in which one child is provided placement in any out-of-home placement.
- *“Children/Youth”* – The term “youth” is used interchangeably with the term “child” but is often used to describe older adolescents or individuals age 18 or older, and is typically used by agencies that primarily serve these populations. A child is anyone under age 18, but most agencies will serve individuals until their 21st birthday.
- *“One-Day Census”* – The measurement of total population on one day out of the year. January 31st is consistently used because it is about halfway through the State fiscal year. This measurement is used to gauge the total serving capacity of placements on a comparable, specific, single day.
- *“Population Flow”* – The total number of placements at the start of the fiscal year, new admissions within the fiscal year, discharges within the fiscal year, and placements at the end of the fiscal year.
- *“Rate of New Placement Settings”* – The rate of new admissions into a category of out-of-home placement per 1,000 children (aged 0 to 18) within a given geographic population.
- *“Total Served”* – The number of placements at the start of the fiscal year in addition to the number of new placements added during the fiscal year. The placements are counted, and not the number of children, because one child can be placed in more than one category, jurisdiction, or agency in one year. The “total served” encompasses children who may have been placed since the previous year, or before.

Considerations

The FY2017 Report uses a variety of measurements to capture placement dynamics among diverse services, agencies, and jurisdictions. Among those measurements are cost per bed-day, one-day census, population flow, and rate of entry per jurisdiction. These measurements provide a uniform method, based on substantive information, for comparing diverse placements and agencies. Where the data serves as only a partial representation of placement dynamics, or if a particular agency does not calculate data as prescribed by the measurement, the authors of this Report have endeavored to supplement the data and tables with additional information.

Other considerations should be noted as follows:

- **Cost per Bed-Day:** Not all agencies calculate bed days.
- **One-Day Census:** The totals are derived from a count of all children in placement on one day of the year. This is not the total number of children served in placement during the course of the year. This number is a snapshot in time that demonstrates how many children may be in placement on a specific date.

- **Population Flow:** The population flow reflects changes in placements throughout the year. A change is considered to be a discharge or enrollment of any child in a new placement category (*e.g.*, from family home setting to community-based placement), a new jurisdiction (*e.g.*, a transfer from one county to another), or a new placing agency (*e.g.*, a change in custodial responsibility). The population flow counts *placements*, and not *children*, because one child can be placed in more than one category, jurisdiction, or agency in one year. A child may enter a new placement more than once in one year for many reasons, including because the child needs to be placed in a more restrictive placement for his or her needs, or because the child has progressed in meeting treatment goals and can be moved to a less restrictive environment. Placement numbers coming from population flow will be higher than the number of children who are placed.
- **Rate of New Placement Settings per Jurisdiction:** This shows the trend of placements for children within a jurisdiction. For jurisdictions in which few children are placed each year, the difference of one or two children being placed can exaggerate changes in the trend. The rate of new placement settings comes from the number of new placements (or starts) during the fiscal year, so this number counts placements and not children (see “Population Flow” above).
- **Juvenile Services Out-of-Home Placement Information:** The data reported includes only youth who are placed in either in-State or out-of-State committed programs. All committed youth are adjudicated delinquent and committed to the custody of Juvenile Services by the juvenile court. A continuum of out-of-home placement options is available for these youth, ranging from placement in a foster care setting to placement in a secure confinement facility. The cost data reported under each section also reflects only youth in committed placements. “Non-committed” Juvenile Services youth, who are not adjudicated delinquent or placed by the juvenile court, are not represented in the placement totals and placement costs in this Report.
- **Juvenile Services Hospitalization Costs:** When a Juvenile Services-committed child is admitted to a psychiatric hospital, Juvenile Services pays only the educational portion of the costs, and other entities, such as Medical Assistance or private insurance, pay the remaining costs. This Report includes only educational costs, rather than the total costs.²
- **Behavioral Health Cost Data:** Behavioral Health Administration services that are billed through Medicaid can be processed up to one year following the provision of the service, which is the time when Behavioral Health receives notice of expenditure. Costs that were incurred by Behavioral Health from the previous fiscal year but that are billed in the current fiscal year are reconciled in the following year. Because of this, current fiscal year costs may be slightly understated and prior fiscal year costs may be higher than reported in the previous year.
- **Human Services Cost Data:** Services that Human Services bills through Medicaid for its placements are not reflected in the Human Services cost tables and primarily include Residential Treatment Center placements. Instead, these costs appear in the Behavioral

² Prior to 2013, this Report included total costs.

Health section. Additionally, Human Services costs are reported by main placement category, but not by placement subcategory (see descriptions below).

- **Unknown and Not Available Placements:** An “Unknown” or “Not Available” placement category is used to describe children who have run away or who cannot be identified in a placement category because an agency’s records have not been updated. Differences among the placement subcategories are further explained in each of the placement category descriptions.

Report Overview

This Report is presented by the Office on behalf of the Children's Cabinet. The Children's Cabinet coordinates the child- and family-focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet includes the Secretaries of the Departments of Budget and Management, Disabilities, Health, Human Services, and Juvenile Services, as well as the State Superintendent of Schools for the Maryland State Department of Education. The Governor's Office for Children is also a member and the Executive Director chairs the Children's Cabinet. Since Governor Hogan took office, the Children's Cabinet was expanded to include the Departments of Labor, Licensing, and Regulation and Public Safety & Correctional Services; and the Governor's Office of Crime Control & Prevention.

The FY2017 Report includes a Statewide summary of all out-of-home placements, five-year trend analyses, and strategies for out-of-home placements by the State agencies that place children or fund children's placements. In addition, the Report contains a description of placements at Maryland's Schools for the Blind and the Deaf and a discussion of Family Preservation Services.

The objective for the Report is to provide an accurate and precise analysis of each agency's placement trends and future resource development priorities. The State Agencies continue to strengthen, develop, and adopt strategies to serve children in their homes and communities. This Report supports a more comprehensive understanding of the needs of children who require out-of-home placement. The Children's Cabinet agencies seek to improve placement tracking and monitoring and to identify meaningful ways to measure progress. These efforts assist the State and local jurisdictions in the planning of effective services and the efficient use of funds.

Placement Categories

There are four categories of out-of-home placement for children in Maryland. These categories fall on a continuum, beginning with the least restrictive setting (Family Home) and moving toward a more highly-structured and treatment-oriented setting (Hospitalization).

Family Home	Non-Community-Based
Adoptive Care Foster Care Formal Relative (Kinship – Non-Paid) Care Restricted Relative (Kinship - Paid) Care Treatment Foster Care Living-Arrangement – Family Home	Diagnostic Evaluation Treatment Programs Juvenile Commitment Programs Secure Juvenile Commitment Residential Educational Facilities Residential Treatment Centers Substance Use and Addiction Programs Living Arrangement – Non-Community-Based
Community-Based	Hospitalization
Independent Living Programs Residential Child Care Programs Personal Supports Living Arrangement – Community-Based	In-Patient Private Psychiatric Hospitalization

Table 1

While there is a range of out-of-home placement types, only Human Services and Juvenile Services place children in all the placement categories. The Department of Health and its administrations (Behavioral Health and Developmental Disabilities) place children in only one category each. Education only funds placements and does not directly place children. Table 2 illustrates overlaps among agencies in placement subcategories, and the subcategories specific to a particular agency.

State Agency Placement Categories: Placement Totals on 1/31/2017																				
	Family Home Placement						Community-Based Placement				Non-Community-Based Placement							Hospitalization Placement		All Agency Totals
Placing Agency	Adoptive Care	Foster Care	Formal Relative (Kinship) Care	Restricted Relative (Kinship) Care	Treatment Foster Care	Living Arrangement Family Home	Independent Living Programs	Residential Child Care Program	Personal Supports	Living Arrangement – Community-Based	Diagnostic Evaluation Treatment Program	Juvenile Commitment Programs	Secure Juvenile Commitment	Residential Educational Facilities	Residential Treatment Centers	Substance Use and Addiction Programs	Living Arrangement – Non-Community-Based	In-Patient Private	Psychiatric Hospitalization	
DHS ³	39	1,024	602	278	1,246	283	130	554	0	26	0	0	0	0	131	0	50	25	40	4,428
DJS	0	0	0	0	23	0	13	85	0	0	5	102	11	0	99	125	0	0	4	467
MSDE	0	0	0	0	0	0	0	0	0	0	0	0	0	44	0	0	0	0	0	44
BHA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	328	52	0	0	0	380
DDA	0	4	0	0	0	0	0	68	95	0	0	0	0	0	0	0	0	0	0	167
Total	39	1,024	602	278	1,269	283	143	707	95	26	5	102	11	44	558	177	50	25	44	5,486

Table 2

³Eighty-six youth were listed as “Runaways,” which means that the youth had fled from care and not returned or yet been discharged at the point in time when data was collected. Eight youth were listed as “Unknown Whereabouts,” which usually means that their records were in the process of being updated when the data was pulled. These youth are not reflected in the placement categories above.

Organization of the Report

Out-of-Home Placement Summaries

The out-of-home placement portion of the FY2017 Report consists of summaries from each of the child-placing and funding agencies, as well as a Statewide summary of all placements in Maryland. Each section uses the same metrics to aid comparison among the varying populations served by the agencies, organized under the following headings:

- Summary: A brief overview of the agency's goals and metrics related to out-of-home placement in the current year and over time.
- 2017 Data Highlights: The number of children in placement during each year's one-day census and the total number of placements at the beginning of the fiscal year, in addition to the number of placements added during the fiscal year, the population flow during the last five fiscal years, rate of placement by jurisdiction based on one-day census data, total costs, and costs per bed day.
- Demographics: Trends and contextual narrative related to age, gender, and race.
- Placement Subcategory Trends: Contextual narrative related to changes or trends in subcategory placements (i.e., foster care vs. treatment foster care). This section also includes placement subcategory total costs and costs per bed day for agencies with more than one placement category (Human Services and Juvenile Services).
- Out-of-State Placements: This section is required of all agencies that place children out-of-State. The section includes a discussion of each agency's policies and procedures for choosing to place a child out-of-State, as well as trends and factors that have led to out-of-State placements.
- Strategies: The agency's or administration's strategies to: address gaps in services, serve children in their home jurisdictions whenever possible, and reduce the length of stay in out-of-home placement programs while increasing the rates of positive discharges to less-restrictive settings or permanent homes.

Maryland Schools for the Deaf and Blind

A brief description of the number of students enrolled and costs (residential and educational) associated with the two schools.

Family Preservation Services

A summary of the outcomes achieved by families participating in Family Preservation Services to prevent the out-of-home placement of children.

Appendix: Placement by Jurisdiction

The number of children from each jurisdiction in Maryland who were in out-of-home placements on January 31, 2017 and where they were placed, by out-of-home placement subcategory.

Appendix: Capacity Utilization

The specific facilities or programs that supported children in out-of-home placement and the

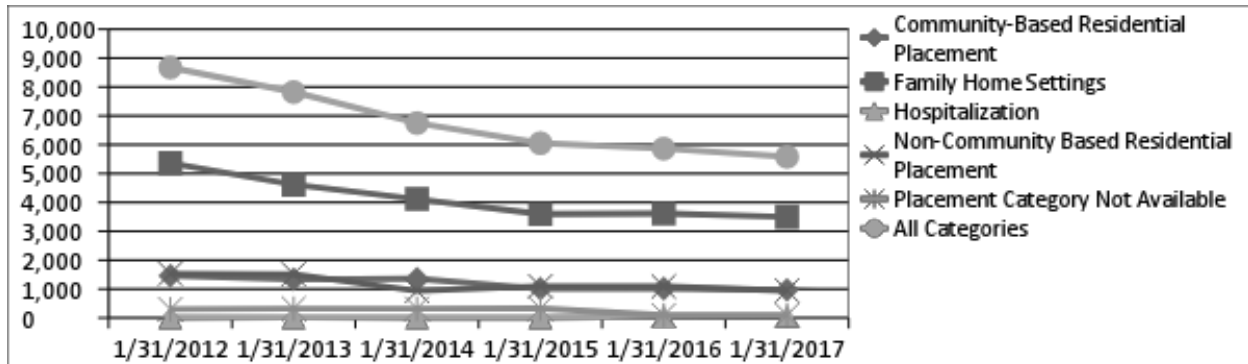
number of placements to each facility or program. In this instance, each placement represents an individual child on January 31, 2017. The capacity utilization represents a snapshot in time and is not an aggregate of all facilities utilized during the fiscal year.

Appendix: Local Care Teams

The efforts by the Children's Cabinet to strengthen the Local Care Team process to further address out-of-home and out-of-State placements.

Statewide Summary

The regulations addressing Human Services' out-of-home placement program (Code of Maryland Regulations 07.02.11) set forth the requirements of the program to reduce the rate at which children enter and re-enter out-of-home placements; reduce the median length of stay in out-of-home placements; minimize the number of placement changes within 24 months of entering out-of-home placements; increase the percentage of reunifications, guardianships, and adoptions; and decrease the number of children in out-of-home placements.

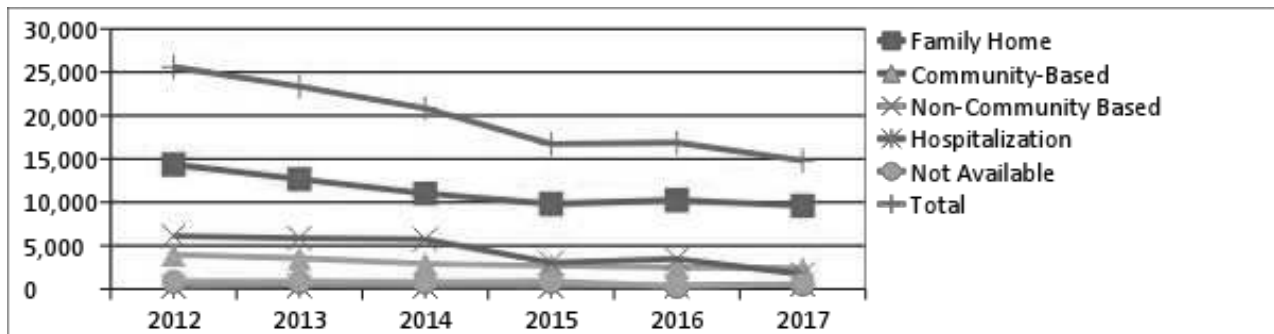


Statewide Placement Trends								
Category	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Community-Based Residential Placement	1,465	1,335	1,357	1,009	1,015	971	-7.32%	-4.33%
Family Home Settings	5,359	4,619	4,114	3,594	3,612	3,499	-8.00%	-3.13%
Hospitalization	18	31	25	25	58	69	40.77%	18.97%
Non-Community Based Residential Placement	1,531	1,514	931	1,095	1,086	947	-7.12%	-12.80%
Placement Category Not Available	302	324	322	328	92	94	-12.25%	2.17%
All Categories	8,675	7,823	6,749	6,051	5,863	5,580	-8.37%	-4.83%

Table 3

NOTE: Data for Community-Based and Non-Community-Based Residential Placements for periods prior to 2017 have been updated to accurately reflect claims received for those placements.

The number of children in out-of-home placements has been steadily decreasing for many years. Placements have decreased by nearly 36% over the past five years. Placements to nearly all categories have decreased; however, hospitalizations continue to increase since 2016.



All Agencies Total Served								
Category	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Family Home	14,351	12,682	11,015	9,818	10,242	9,387	-7.93%	-8.35%
Community-Based	3,935	3,563	2,925	2,656	2,507	2,309	-10.01%	-7.90%
Non-Community Based	6,115	5,865	5,737	3,025	3,465	3,109	-9.85%	-10.27%
Hospitalization	306	393	337	344	362	477	10.65%	31.77%
Not Available	877	850	832	864	300	567	4.47%	89.00%
Total	25,584	23,353	20,846	16,707	16,876	15,849	-8.88%	-6.09%

Table 4

Since 2012, the total number of out-of-home placements has decreased by slightly more than 35%. The “total served” figure represents the number of placements at the start of the fiscal year plus all new placements until the end of the fiscal year. New placements increased by roughly 28% this year while placement exits decreased by about 13%. **In other words, more beds were needed for children in placement this year than last year.**

All Agencies Placement Population Flow (Placements, Not Children)					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	8,278	15,075	23,353	15,747	7,606
2014	7,337	12,983	20,320	13,562	6,758
2015	6,623	10,087	16,707	10,787	5,923
2016	5,945	7,320	16,876	11,107	5,843
2017	5,623	10,396	15,849	10,475	5,517
Three-Year Change	-7.83%	7.30%	-2.54%	-1.36%	-3.46%
Average Yearly Change	-9.19%	-5.40%	-8.96%	-9.27%	-7.61%
Recent Year Change	-5.42%	42.02%	-6.09%	-5.69%	-5.58%

Table 5

NOTE: Placements at the end of a fiscal year will not equal the number of placements at the beginning of the next fiscal year due to the updating of records.

The rate of new out-of-home placements by jurisdiction has increased overall, with increases in some jurisdictions and decreases in others (Table 6). In FY2017, there were approximately 6.65 placements per 1,000 of Maryland children. Jurisdictions with large changes in percentages typically had relatively small numbers of children in placement, which makes the percentage changes appear more dramatic than they may be. Baltimore City is an exception to this caveat, because it experienced a large increase in the rate of new placements (60%) and consistently reports large numbers of youth in placement. New out-of-home placements indicate children initially placed or moved from one placement to another. Placement moves may occur when a

child needs more intensive services or when a child has met placement goals and enters a less restrictive setting.

All Agencies Rate of New Placement Setting per 1,000 Maryland Children By Jurisdiction								
Jurisdiction	2013	2014	2015	2016	2017	Three Year Change	Average Change	Last Year Change
Allegany	19.7	17.4	14.72	11.4	23.03	68%	7%	102%
Anne Arundel	6.5	5.6	3.26	3.1	2.02	-45%	-27%	-35%
Baltimore	8.5	7.3	5.08	5.0	4.71	-31%	-20%	-6%
Baltimore City	43	36.4	28.84	17.3	27.76	-21%	-13%	60%
Calvert	10.5	9.1	5.02	3.7	4.77	-46%	-22%	29%
Caroline	10.1	11.4	7.81	4.7	5.18	-53%	-24%	10%
Carroll	6.4	5.5	0.43	3.2	2.80	-47%	126%	-13%
Cecil	16.1	17.9	7.65	7.5	10.41	-40%	-14%	39%
Charles	7.4	7.8	6.62	4.5	4.85	-35%	-18%	8%
Dorchester	17	11.2	11.48	10.5	6.78	-15%	-16%	-35%
Frederick	7.3	6.3	5.12	4.0	2.29	-60%	-30%	-43%
Garrett	21.1	17.1	17.38	10.3	17.15	4%	-5%	66%
Harford	9.3	9.2	7.21	4.2	5.87	-33%	-16%	40%
Howard	3	2.9	1.95	1.5	1.19	-56%	-26%	-20%
Kent	6.7	8.1	5.64	4.1	1.45	-81%	-36%	-65%
Montgomery	4.9	4.2	3.43	2.7	2.30	-42%	-24%	-15%
Prince George's	6.9	6.3	5.37	3.5	4.26	-29%	-17%	22%
Queen Anne's	7.6	2.8	0.64	2.5	1.26	-52%	27%	-50%
Somerset	19.4	18.2	12.50	8.4	6.39	-63%	-32%	-24%
St. Mary's	8.3	9.1	7.06	5.0	4.41	-50%	-24%	-12%
Talbot	9.5	7.3	6.00	5.4	3.45	-52%	-27%	-36%
Washington	13	11.1	10.70	6.7	7.18	-32%	-20%	7%
Wicomico	11.3	10.2	6.48	5.7	2.08	-78%	-35%	-64%
Worcester	8.7	10.5	8.22	6.1	7.73	-23%	-13%	27%
Total	11.2	9.9	7.47	5.3	6.65	-32%	-18%	25%

Table 6

One of Maryland's goals for out-of-home placement is for children to remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of out-of-home placement. This is not always possible due to the unavailability of resources to suit the child's needs in his or her home jurisdiction or because Kinship and Family Foster Care is available away from the child's home. Of all the children placed in Maryland, Baltimore City is the location of 35% of all out-of-home placements, followed by Baltimore County with 12% of all out-of-home placements (Table 7). The jurisdictions with the highest percentages of youth in placement who remain in their home jurisdictions are all in Western Maryland, including Allegany County (70.90%) and Garrett County (70.59%). At the other end of the spectrum, only 16.67% and 15.15% of youth in placement from Queen Anne's and Worcester Counties, respectively, are in placement in those jurisdictions.

Statewide Placement By Jurisdiction																												
Jurisdiction Where Children Were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	134	2%	95	0	3	4	0	0	0	2	0	0	0	7	0	0	0	0	2	0	0	0	0	8	0	0	9	4
Anne Arundel	197	4%	2	69	29	37	0	3	0	2	3	6	3	5	0	1	2	4	7	0	1	0	0	6	2	0	10	1
Baltimore	714	13%	5	12	339	203	2	8	8	6	2	3	9	6	26	7	1	10	12	0	0	1	0	12	1	1	17	18
Baltimore City	1927	35%	9	47	495	1062	1	2	5	2	7	7	9	9	30	24	1	13	53	1	3	0	1	10	1	0	47	77
Calvert	79	1%	1	2	6	11	32	1	1	1	10	0	2	3	0	0	0	0	5	0	0	1	0	0	0	0	3	0
Caroline	33	1%	0	3	2	3	0	17	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	1	1	0	0	3
Carroll	83	1%	4	0	14	13	0	0	32	0	0	1	4	2	1	0	0	2	0	0	0	0	0	7	0	0	2	0
Cecil	150	3%	1	0	12	21	0	6	0	77	0	0	2	0	7	0	4	2	5	1	0	0	0	1	1	0	6	3
Charles	110	2%	0	2	15	12	1	0	0	0	44	3	1	2	0	0	1	3	10	0	0	1	0	6	1	0	2	3
Dorchester	37	1%	1	0	6	5	0	5	0	0	0	10	1	0	0	0	0	1	0	0	0	0	1	0	6	0	0	1
Frederick	153	3%	5	0	10	12	0	2	0	1	0	0	67	2	0	4	0	12	6	0	0	1	0	19	1	0	9	2
Garrett	68	1%	4	0	1	0	0	0	0	0	0	0	0	48	1	0	0	0	0	0	0	0	0	2	0	0	8	4
Harford	211	4%	4	2	38	27	0	1	0	13	0	0	4	3	99	0	0	2	1	0	0	0	0	1	0	0	7	8
Howard	84	2%	0	1	21	17	0	0	1	1	0	1	1	2	0	19	0	7	2	0	0	0	0	3	0	0	1	4
Kent	14	0%	0	0	0	1	0	3	0	1	0	0	2	0	0	0	7	0	0	0	0	0	0	0	0	0	0	1
Montgomery	572	10%	13	2	52	25	3	9	1	6	1	0	23	9	1	3	3	321	49	0	0	0	0	14	1	0	17	15
Prince George's	581	10%	6	5	65	49	2	1	1	8	12	0	14	4	3	6	3	25	326	0	0	0	0	6	1	0	13	25
Queen Anne's	6	0%	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Somerset	32	1%	1	0	1	3	0	1	0	0	0	4	1	0	0	0	0	0	0	0	8	0	0	0	7	6	0	0
St. Mary's	104	2%	3	1	12	16	0	1	0	0	5	0	4	2	0	0	0	5	9	0	0	42	0	0	1	0	0	2
Talbot	23	0%	0	0	0	2	0	7	0	0	0	4	0	1	0	0	1	0	0	1	0	0	6	0	0	0	1	0
Washington	157	3%	7	0	8	10	0	0	0	0	0	1	9	5	0	1	0	5	1	0	0	0	0	103	0	0	2	3
Wicomico	62	1%	5	0	12	4	0	1	1	0	0	4	4	2	1	0	0	1	2	0	0	0	0	1	19	0	3	1
Worcester	33	1%	1	0	4	3	0	1	0	0	0	2	0	0	0	0	0	0	1	0	0	0	1	0	15	5	0	0
Out-of-State	16	0%	0	0	5	3	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	1	0	0	3	0
Unknown	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	5580	100%	167	147	1150	1543	41	70	50	120	84	47	163	114	170	65	23	414	491	4	12	46	9	201	58	12	160	229
% of children from jurisdiction			70.90%	35.03%	47.48%	55.11%	40.51%	51.52%	38.55%	51.33%	40.00%	27.03%	43.79%	70.59%	46.92%	22.62%	50.00%	56.12%	56.11%	16.67%	25.00%	40.38%	26.09%	65.61%	30.65%	15.15%	18.75%	N/A
% children Statewide in all			2.99%	2.63%	20.61%	27.65%	0.73%	1.25%	0.90%	2.15%	1.51%	0.84%	2.92%	2.04%	3.05%	1.16%	0.41%	7.42%	8.80%	0.07%	0.22%	0.82%	0.16%	3.60%	1.04%	0.22%	2.87%	4.10%

Table 7

Out-of-State Placements

This year's Report examines systemic trends in out-of-State placements. It does not address individual cases. The individual agencies have shared additional details in their respective sections within this Report.

Out-Of-State Placements by Agency on 1/31/2017						
	Community-Based Placements	Family Home	Hospitalization	Non-Community-Based Placements	Other	All Placements
Department of Human Services	27	65	11	6	0	109
Department of Juvenile Services	0	0	0	41	0	41
Developmental Disabilities Administration	0	0	0	0	0	0
Behavioral Health Administration	0	0	0	5	0	5
Maryland State Department of Education	0	0	0	10	0	10
Total	27	65	11	62	0	165

Table A

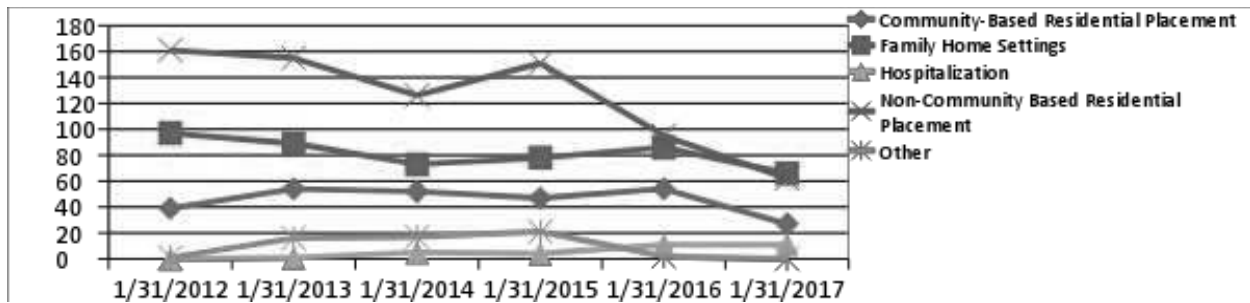
At the point in time count, out-of-State placements had decreased by 33% from last year, from 248 to 165. On January 1, 2017, of these 165 placements, 65 were Family Home setting placements – *e.g.*, youth who were placed with relatives or adopted in another state. This is the least restrictive type of placement and the most preferable setting wherever possible. Out-of-State Family Home placements decreased from 86 to 65 this year.

Eleven (11) placements were to hospitals. As noted in last year's report, State agencies do not make the decision to place a youth out-of-State via hospitalization; that decision is made by the child's treating physician. The reasons for hospitalizing a child out-of-State often depend on geography. A child whose family lives closer to Washington, D.C., for example, may be hospitalized there rather than in a Maryland hospital. Five (5) of these placements were to inpatient medical care and six (6) were to inpatient psychiatric care.

Twenty-seven (27) placements were by Human Services to Community-Based providers. Two (2) youth went to college out-of-State. One (1) went to Job Corps, the national job training program. One (1) went to a therapeutic group home. The majority of Community-Based placements out-of-State were to residential group homes. Twenty-three (23) youth were placed in these settings. These placements are included in Appendix B, Capacity Utilization.

Sixty-two (62) placements were to Non-Community-Based agencies. These placements included six (6) by Human Services, 10 supported by Education, and five (5) by Behavioral Health. The 41 remaining placements were court-ordered placements made by Juvenile Services.

The out-of-State placement figures reported here represent placements on January 31, 2017 and do not reflect additional efforts by child-serving agencies to further reduce the number of out-of-State placements throughout 2017. It is anticipated that next year's figure will decrease more significantly.

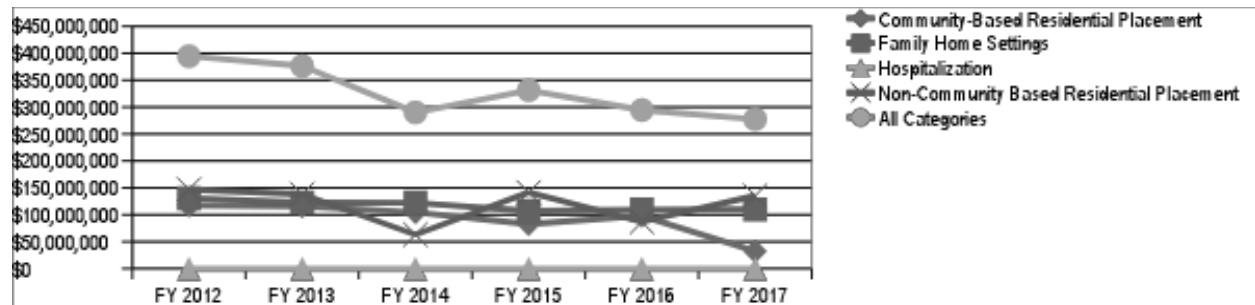


Category	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Community-Based Residential Placement	39	54	52	47	54	27	-1.99%	-50.00%
Family Home Settings	97	89	73	78	86	65	-6.48%	-23.26%
Hospitalization	0	1	5	4	11	11	NA	0.00%
Non-Community Based Residential Placement	161	155	126	151	95	62	-14.88%	-34.74%
Other	1	16	17	21	2	0	267.86%	-100.00%
All Categories	298	315	273	301	248	165	-9.61%	-33.06%

Table 8

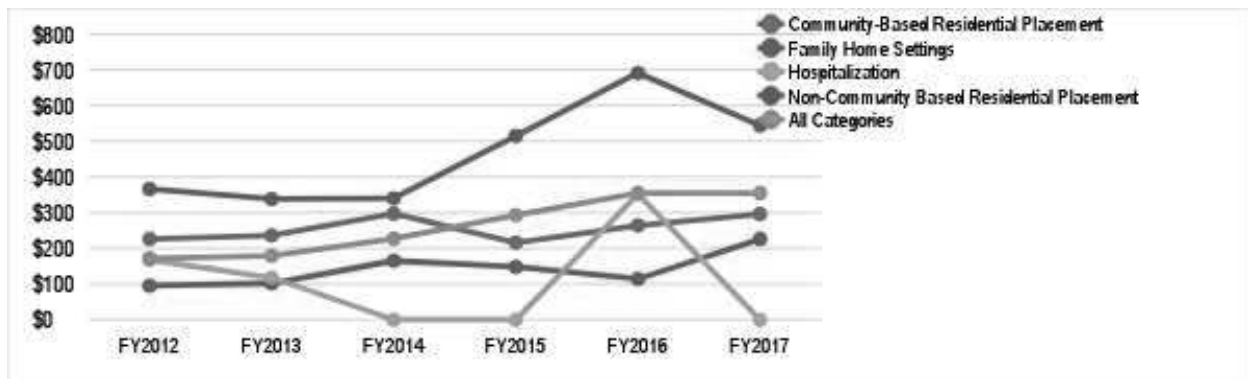
In-State and Out-of-State Costs

Placement costs for both in-State and out-of-State placements have been driven down since their peak in FY2009, due to the decrease in the number of children entering out-of-home placements. While the cost of in-State, non-community-based residential placements caused a brief spike in overall costs in FY2015, costs are once again on a downward trajectory. While the cost per bed day has increased across most categories, **overall expenditures have decreased from FY 2016 - FY 2017 due to fewer placements.**



Category	FY2012	FY2013	FY 2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Community-Based Residential Placement	\$117,152,599	\$115,749,751	\$104,784,520	\$82,659,681	\$98,081,692	\$32,187,204	-16.06%	-67.18%
Family Home Settings	\$130,233,996	\$122,415,468	\$122,192,288	\$107,141,111	\$109,620,603	\$110,164,037	-3.14%	0.50%
Hospitalization	\$14,946	\$41,220	\$2,082	\$0	\$79,220	\$0	NA	-100.00%
Non-Community Based Residential Placement	\$147,085,835	\$138,213,891	\$63,113,560	\$141,443,480	\$86,727,368	\$135,224,277	16.20%	55.92%
All Categories	\$394,487,375	\$376,420,330	\$290,092,450	\$331,353,710	\$294,508,883	\$277,575,518	-6.03%	-5.75%

Table 9



Statewide Costs Per Bed Day								
Category	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Community-Based Residential Placement	\$226	\$236	\$297	\$216	\$264	\$296	22.22%	12.12%
Family Home Settings	\$95	\$102	\$165	\$148	\$114	\$226	26.82%	98.25%
Hospitalization	\$168	\$118	<\$1	\$0	\$352	\$0	NA	-100.00%
Non-Community Based Residential Placement	\$366	\$338	\$340	\$515	\$691	\$544	11.46%	-21.27%
All Categories	\$172	\$179	\$227	\$293	\$355	\$355	16.22%	0.00%

Table 10

Statewide Strategies

Maryland's child and family-serving agencies provide a continuum of care to meet an array of needs along a wide spectrum. A goal of the Report is to ensure that the State is using data to drive its policies related to out-of-home placements. The Children's Cabinet working to address out-of-home and out-of-State placements by re-establishing the interagency collaboration and development of quality educational, treatment, and residential services in Maryland so that children with intensive needs continue to be served in the least restrictive setting appropriate to their individual needs. The Interagency Placement Committee has been charged with:

- Reviewing recommendations for out-of-State placements;
- Coordinating the monitoring of out-of-State placements;
- Providing training to the Local Care Teams; and,
- Identifying in-State placement needs.

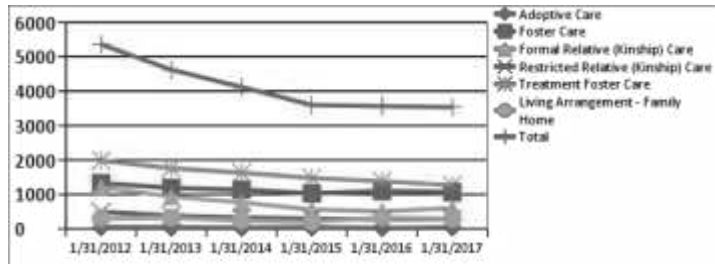
Additionally, there will be coordination with local representatives to ensure that all options are exhausted before an out-of-home or out-of-State placement is recommended. The Children's Cabinet is strengthening the Local Care Team process to ensure interagency service planning and coordination for children and youth, briefly presented in Appendix C.

In the remainder of this Report, State agencies will describe how they meet the needs of the children in their care and the challenges faced. The following is a summary of the State agencies' strategies for improving the efficiency and effectiveness of the State network.

Agency	Strategies
Department of Human Services	<ul style="list-style-type: none"> ● Offer options for substance use treatment programs that accept parents and children together. ● Create a trauma-informed system that uses standardized assessments to identify services and supports for children and families to prevent out-of-home care and re-entries into out-of-home care as well as to improve well-being. ● Support evidence-based programs such as <i>Functional Family Therapy</i>, <i>Incredible Years</i>, and <i>Nurturing Parenting</i> to promote family preservation – community-based programs for families experiencing difficulty in meeting the basic needs of their children and at-risk for child abuse and/or neglect.
Department of Juvenile Services	<ul style="list-style-type: none"> ● Enhance the <i>Functional Family Therapy</i> and <i>Multisystemic Therapy</i> programs to address substance abuse. ● Add a security fence at the Savage Mountain Youth Center, which will allow certain youth to remain in-State. ● A new facility for a secure program for females. ● Trauma training for facility staff to address population needs and hopefully reduce the ejections that can result in out-of-State placement. ● Coordinate with the Department of Health on certain substance abuse cases requiring medication assisted treatment, resulting in consultation with local health departments on services available and gaps in service availability; and increased utilization of in-State. ● Work with partner agencies to increase Residential Treatment Center capacity to address aggressive behaviors, low IQ, Fetal Alcohol Spectrum Disorders; substance abuse treatment facilities that can offer medication assisted treatment and can serve youth with co-occurring mental health and addiction treatment needs. ● Improved referral packets seem to help in getting successful placements. ● Technical assistance for Local Care Teams; cross-training for agencies about each agency's mission, organization, continuum and services.
Developmental Disabilities Administration	<ul style="list-style-type: none"> ● Identify youth early before they age-out of support systems. ● The Family Support waiver will allow the Administration to fund low-cost services to support families through the challenges that they might face with their child with disabilities. ● Continue to work with other agencies and community resources to allow children to remain in their homes. ● Work to develop new resources to allow children to remain in their homes.
Maryland State Department of Education	<ul style="list-style-type: none"> ● Continue to work with Maryland providers of services to children diagnosed with autism through the Autism Waiver. ● Continue to support local school systems to enhance services and supports for students to remain in their community schools. ● Support cross-agency collaboration to ensure the development of

Agency	Strategies
	community-based and residential programs to meet the needs of students typically placed out-of-State and to facilitate the return of these students to Maryland programs and schools.
Behavioral Health Administration	<ul style="list-style-type: none"> • The Administration has a lead staff position dedicated to minimizing the need for out-of-State placements and to returning all children in placement or hospitalization to community treatment as soon as clinically appropriate.

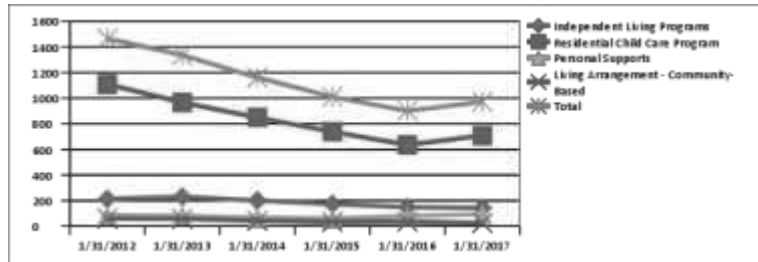
Maryland State Placement Trends by Category



Statewide Family Home Settings Placement Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Adoptive Care	47	37	32	41	23	39	3.80%	69.57%
Foster Care	1,327	1,185	1,132	1,029	1,097	1,063	-4.15%	-3.10%
Formal Relative (Kinship) Care	1,207	936	761	557	508	602	-11.65%	18.50%
Restricted Relative (Kinship) Care	491	382	326	293	276	278	-10.41%	0.72%
Treatment Foster Care	1,981	1,757	1,627	1,477	1,382	1,269	-8.51%	-8.18%
Living Arrangement - Family Home	306	322	236	197	330	283	3.05%	-14.24%
Total	5,359	4,619	4,114	3,594	3,563	3,534	-7.81%	-0.81%

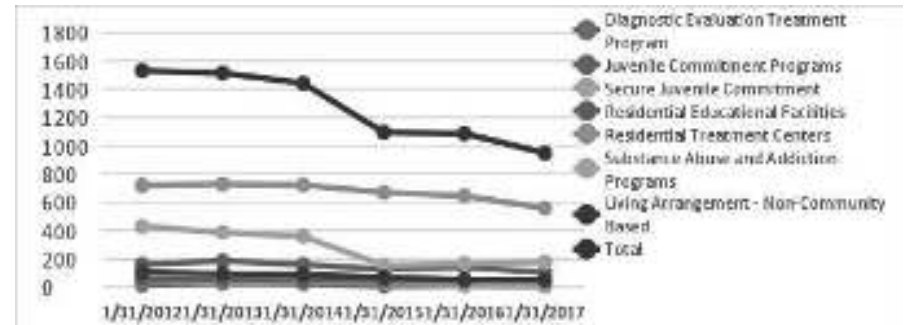
Table 11



Statewide Community-Based Placement Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Independent Living Programs	213	230	201	174	149	143	-7.29%	-4.03%
Residential Child Care Program	1,108	966	849	738	635	707	-8.12%	11.34%
Personal Supports	84	81	68	62	80	95	3.87%	18.75%
Living Arrangement - Community-Based	60	58	43	35	37	26	-14.36%	-29.73%
Total	1,465	1,335	1,161	1,009	901	971	-7.59%	7.77%

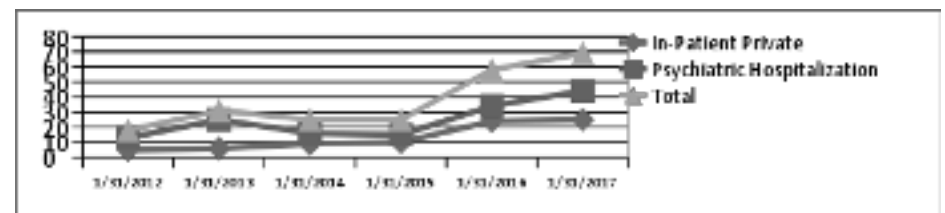
Table 12



Statewide Non-Community-Based Placement Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	14	25	24	6	13	5	10.94%	-61.54%
Juvenile Commitment Programs	160	185	159	125	142	102	-6.88%	-28.17%
Secure Juvenile Commitment	45	39	41	27	18	11	-22.91%	-38.89%
Residential Educational Facilities	58	53	47	45	49	44	-5.10%	-10.20%
Residential Treatment Centers	719	729	722	669	645	558	-4.80%	-13.49%
Substance Abuse and Addiction Programs	429	387	359	152	167	177	-11.77%	5.99%
Living Arrangement - Non-Community Based	106	96	89	71	52	50	-13.51%	-3.85%
Total	1,531	1,514	1,441	1,095	1,086	947	-8.71%	-12.80%

Table 13

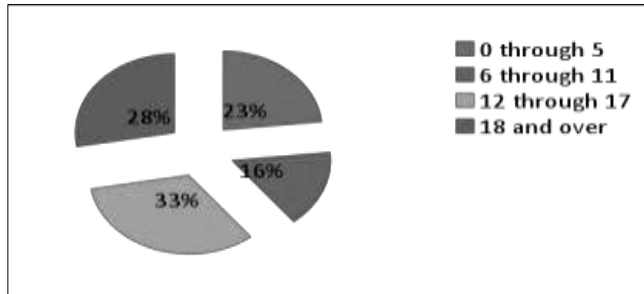


Statewide Hospitalization Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
In-Patient Private	5	6	9	10	24	25	45.06%	4.17%
Psychiatric Hospitalization	13	25	16	15	34	44	41.23%	29.41%
Total	18	31	25	25	58	69	40.77%	18.97%

Table 14

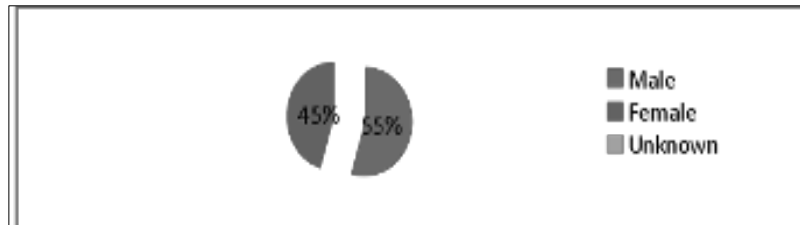
Age



Statewide Age Trends								
Age	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
0 through 5	1,616	1,481	1,346	1,227	1,268	1304	-4.03%	2.84%
6 through 11	1,116	1,034	881	857	861	885	-4.32%	2.79%
12 through 17	3,639	3,201	2,631	2,481	2,264	1837	-12.63%	-18.86%
18 and over	2,304	2,107	1,891	1,486	1,470	1554	-7.12%	5.71%
Total	8,675	7,823	6,749	6,051	5,863	5580	-8.37%	-4.83%

Table 15

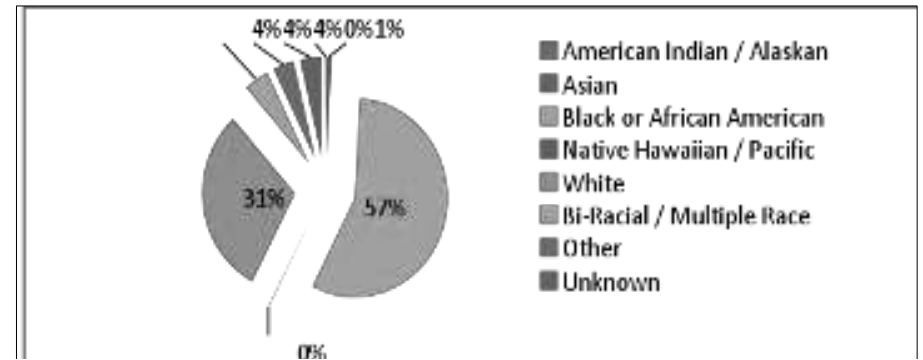
Gender



Statewide Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	4,815	4,370	3,768	3,341	3281	2844	-9.89%	-13.32%
Female	3,859	3,453	2,979	2,706	2572	2356	-9.35%	-8.40%
Unknown	1	0	2	4	10	0	NA	-100.00%
Total	8,675	7,823	6,749	6,051	5,863	5,200	-9.66%	-11.31%

Table 16

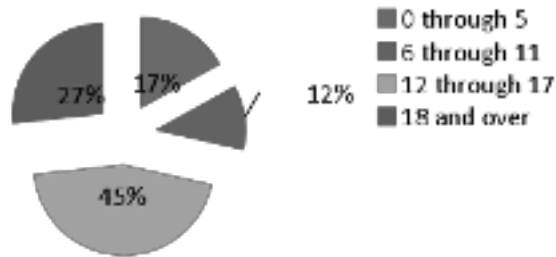
Race



Statewide Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	6	6	7	7	2	4	9.05%	100.00%
Asian	30	32	34	28	35	45	9.77%	28.57%
Black or African American	5,643	4,949	4,203	3,662	3,502	3,164	-10.85%	-9.65%
Native Hawaiian / Pacific	5	3	3	3	17	5	71.22%	-70.59%
White	2,388	2,247	1,952	1,781	1,785	1,714	-6.31%	-3.98%
Bi-Racial / Multiple Race	267	236	233	259	263	239	-1.86%	-9.13%
Other	227	220	191	181	166	200	-1.86%	20.48%
Unknown	109	130	126	130	153	209	14.73%	36.60%
Total	8,675	7,823	6,749	6,051	5,923	5,580	-8.36%	-5.79%

Table 17

Age



Maryland Out-of-State Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	28	29	39	30	41	28		
6 through 11	25	28	13	16	22	19	3.99%	-31.71%
12 through 17	155	146	116	155	95	74	-10.71%	-22.11%
18 and over	90	112	105	100	90	44	-9.54%	-51.11%
Total	298	315	273	301	248	165	-9.69%	-33.47%

Table 18

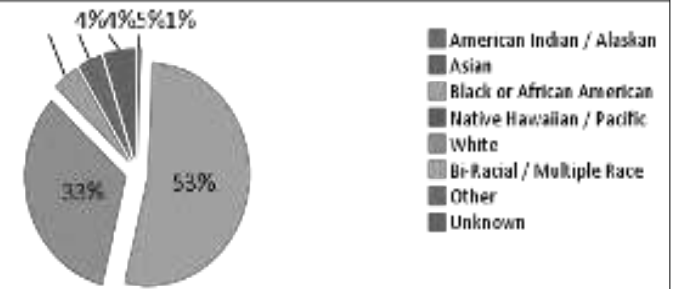
Gender



Maryland Out-of-State Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	221	218	187	213	156	104	-12.35%	-33.33%
Female	77	97	84	88	92	61	-2.36%	-33.70%
Unknown	0	0	2	0	0	0	NA	NA
Total	298	315	273	301	248	165	-9.69%	-33.47%

Table 19

Race



Maryland Out-of-State Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	1	NA	NA
Asian	1	0	1	1	1	0	NA	-100.00%
Black or African American	223	180	192	146	146	88	-14.61%	-39.73%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	74	74	83	76	76	55	-3.33%	-27.63%
Bi-Racial / Multiple Race	6	8	8	5	5	7	7.17%	40.00%
Other	8	9	15	15	15	6	10.50%	-60.00%
Unknown	3	2	2	5	5	8	75.33%	60.00%
Total	315	273	301	248	248	165	-11.08%	-45.18%

Table 20

Total Costs

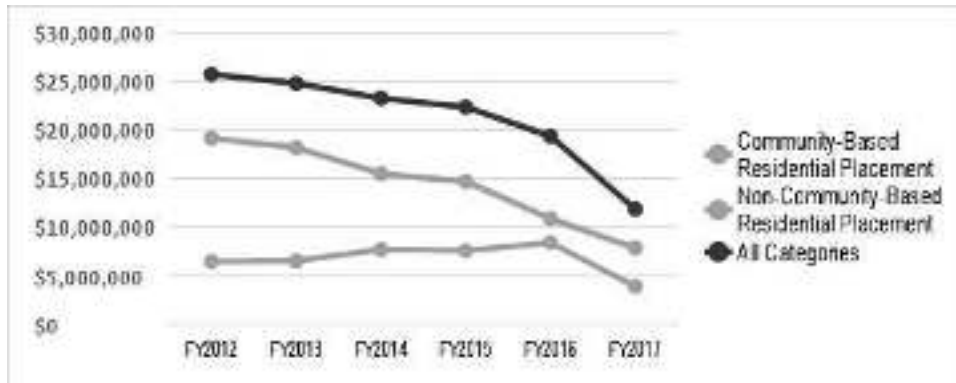


Table 21

Per Bed-Day

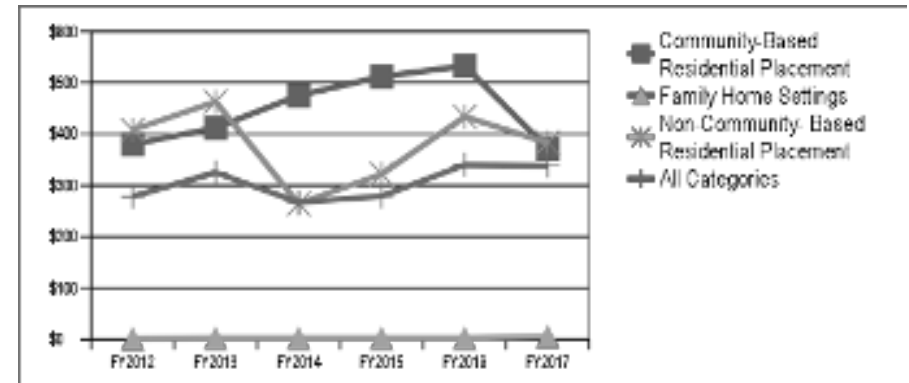


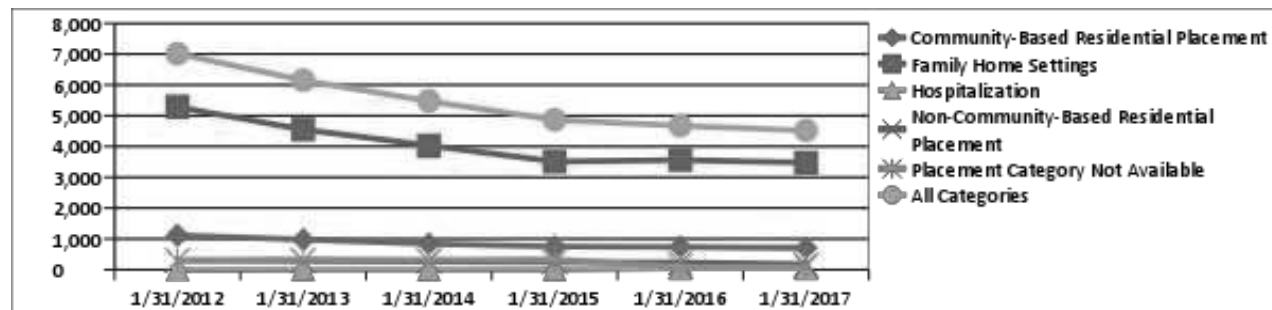
Table 22

Department of Human Services Summary

The Department of Human Services prioritizes child safety, permanency, and well-being for children and families and is committed to ensuring that children and youth are kept with their families whenever safe and possible. This is one of the central principles of the Department's Place Matters and Family Centered Practice initiatives. **Since implementing Place Matters, the number of children in the Department of Human Services out-of-home care has decreased 54% (10,330 in July 2007 to 4,501 in June 2017).**⁴

Maryland's Family-Centered Practice model is a fundamental component of Human Services' and the local departments of social services' work with families. Workers develop individualized service plans based on comprehensive assessments of the families' strengths and needs, with goals of increasing families' capacities to protect their children. Family Involvement Meetings are held to engage families in service plan development, especially when safety/risk issues are severe enough that a child may be removed from the home. When out-of-home placement is necessary, the first choice is always a family home (family foster home or relative placement).

Family Involvement Meetings and other Family Centered Practice approaches strengthen families by bringing additional resources to families and helping children stay with their families of origin or relatives. These efforts are designed to reduce risk factors which lead to abuse and neglect, increase safety for children, and avoid out-of-home placement or reduce time in care.

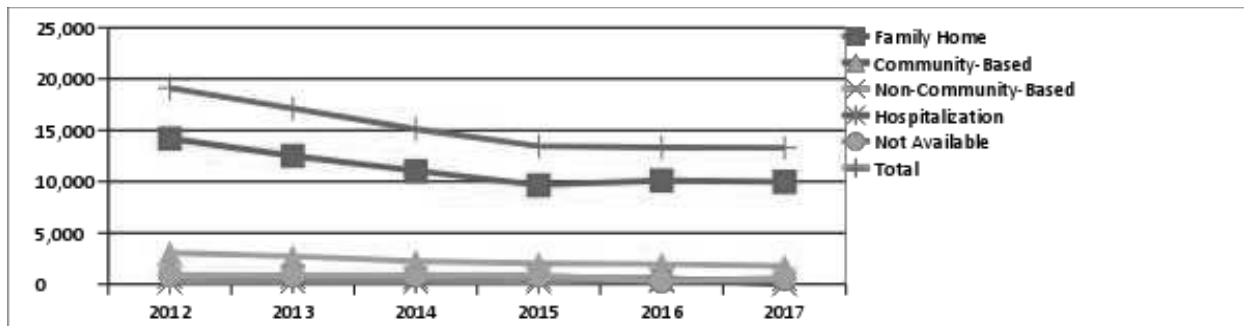


Category	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Community-Based Residential Placement	1,116	978	842	753	740	710	-8.52%	-4.05%
Family Home Settings	5,286	4,548	4,024	3,514	3,563	3,472	-7.86%	-2.55%
Hospitalization	11	22	17	20	54	65	57.06%	20.37%
Non-Community-Based Residential Placement	299	279	272	250	223	181	-9.38%	-18.83%
Placement Category Not Available	302	324	322	328	92	94	-12.25%	2.17%
All Categories	7,014	6,151	5,477	4,865	4,672	4,522	-8.32%	-3.21%

Table 23

Most children – an average of 75% over the last six years – in Human Services out-of-home care are in family homes (Table 23). The Family Centered Practices of child and family inclusion in case planning and decision-making have been crucial in achieving these goals.

⁴ Families Blossom *Place Matters data June 2017; Human Services.



Human Services Total Served								
Category	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Family Home	14,178	12,498	11,039	9,661	10,111	9,081	-7.86%	-7.94%
Community-Based	3,074	2,719	2,235	2,029	1,970	2,072	-6.53%	8.83%
Non-Community-Based	755	751	675	625	552	426	-9.75%	-19.02%
Hospitalization	232	297	294	260	372	416	16.65%	24.73%
Not Available	877	850	866	864	300	567	4.53%	89.33%
Total	19,116	17,115	15,109	13,439	13,305	12,562	-7.41%	-2.81%

Table 24

Human Services 2017 Highlights

As of January 31, 2017, **the number of children in Human Services out-of-home care is at its lowest point in over 28 years, with a 36% reduction since 2012** (Table 23), and a 56% reduction since 2007.⁵ In 2017, 77% of children/youth in Human Services out-of-home care were in family homes, with another 16% in community-based placements (Table 23).

Across all 24 Maryland jurisdictions, 56% of all children in Human Services out-of-home care are placed in their home jurisdiction (Table 26). These placements are in alignment with Place Matters and Family Centered Practice values, which focus on the placement of children close to their families and communities when safe and possible, to maintain relationships and facilitate frequent family visitation. Other children may be placed in adjacent jurisdictions or even out-of-State, which may be closer to a child's home than a location within the same jurisdiction or state. Additionally, relative placements even out of the jurisdiction (or out-of-State) may be preferable to non-relative placements within the jurisdiction.

The largest proportion of children in Human Services out-of-home care comes from Baltimore City (39%). Another 32% come from the following Counties: Baltimore (13%), Prince George's (10%), and Montgomery (9%). Each other local department/jurisdiction had less than 5% each of the total Human Services out-of-home population. Prince George's County placed more than 65% of children within its own jurisdiction and Montgomery County placed 58% of its children within its own jurisdiction as of January 31, 2017. Baltimore City had 57% of its children in care placed within its jurisdiction and Baltimore County placed 49% of children within its county (Table 26).

⁵ Families Blossom*Place Matters data June 2017; Human Services.

Human Services Population Flow					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	6,606	10,509	17,115	11,157	5,958
2014	5,919	9,190	15,109	9,811	5,298
2015	5,248	8,191	13,439	8,635	4,804
2016	4,777	8,528	13,305	8,608	4,700
2017	4,526	8,036	12,562	8,061	4,501
Three-Year Change	-7.11%	-0.83%	-3.29%	-3.33%	-3.20%
Average Yearly Change	-8.99%	-6.27%	-7.34%	-7.68%	-6.70%
Recent Year Change	-5.25%	-5.77%	-5.58%	-6.35%	-4.23%

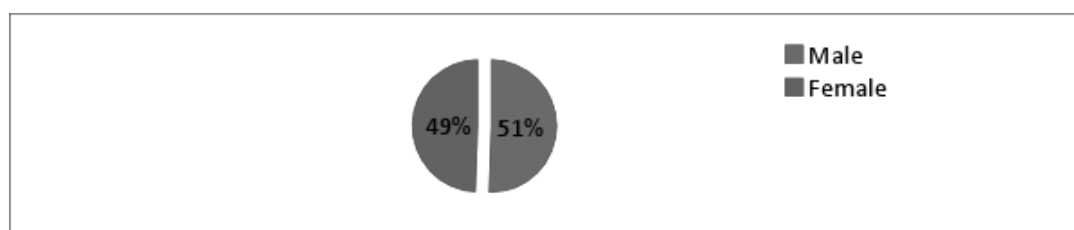
Table 25

Human Services Placement By Jurisdiction																												
Jurisdiction Where Children Were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	116	3%	87	0	1	0	0	0	0	2	0	0	0	5	0	0	0	0	2	0	0	0	0	6	0	0	9	4
Anne Arundel	128	3%	0	66	22	12	0	3	0	2	3	0	0	0	0	1	1	3	7	0	1	0	0	1	1	0	3	1
Baltimore	567	13%	2	12	277	154	2	6	8	6	2	1	3	3	26	5	1	6	11	0	0	1	0	8	1	1	12	18
Baltimore City	1,786	39%	5	47	462	1,023	1	1	5	1	7	4	0	1	30	24	0	6	52	1	3	0	1	3	1	0	31	77
Calvert	58	1%	0	2	4	3	27	1	1	1	10	0	1	0	0	0	0	0	5	0	0	1	0	0	0	0	2	0
Caroline	25	1%	0	3	2	0	0	15	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
Carroll	54	1%	3	0	12	7	0	0	23	0	0	0	1	0	1	0	0	1	0	0	0	0	0	4	0	0	2	0
Cecil	133	3%	0	0	10	12	0	5	0	77	0	0	0	0	7	0	4	1	5	1	0	0	0	1	1	0	6	3
Charles	75	2%	0	2	6	5	1	0	0	0	42	1	0	0	0	0	0	1	9	0	0	1	0	2	1	0	1	3
Dorchester	28	1%	0	0	3	1	0	5	0	0	0	10	1	0	0	0	0	1	0	0	0	0	1	0	5	0	0	1
Frederick	91	2%	0	0	6	3	0	1	0	1	0	0	44	1	0	0	0	5	5	0	0	1	0	18	1	0	3	2
Garrett	67	1%	3	0	1	0	0	0	0	0	0	0	0	48	1	0	0	0	0	0	0	0	0	2	0	0	8	4
Harford	176	4%	0	2	28	15	0	0	0	13	0	0	1	1	99	0	0	1	1	0	0	0	0	0	0	0	7	8
Howard	50	1%	0	1	18	6	0	0	1	0	0	0	0	0	0	10	0	6	2	0	0	0	0	2	0	0	0	4
Kent	5	0%	0	0	0	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Montgomery	392	9%	2	2	34	10	3	3	1	4	1	0	11	0	1	3	0	229	48	0	0	0	0	13	1	0	11	15
Prince George's	472	10%	0	4	45	27	2	0	1	7	12	0	4	0	3	6	0	18	307	0	0	0	0	1	0	0	10	25
Queen Anne's	4	0%	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Somerset	24	1%	0	0	0	1	0	1	0	0	0	3	0	0	0	0	0	0	0	7	0	0	0	0	6	0	0	0
St. Mary's	78	2%	1	1	8	4	0	1	0	0	5	0	3	0	0	0	0	4	9	0	0	40	0	0	0	0	0	2
Talbot	20	0%	0	0	0	1	0	7	0	0	0	4	0	0	0	0	1	0	0	1	0	0	5	0	0	0	1	0
Washington	119	3%	1	0	7	5	0	0	0	0	0	0	1	4	0	1	0	2	1	0	0	0	0	93	0	0	1	3
Wicomico	26	1%	0	0	3	0	0	1	1	0	0	2	0	0	1	0	0	0	2	0	0	0	0	0	13	0	2	1
Worcester	28	1%	0	0	3	1	0	1	0	0	0	2	0	0	0	0	0	0	1	0	0	0	1	0	14	5	0	0
Out-of-State	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	4,522	100%	104	143	952	1,290	36	54	41	115	82	28	72	63	169	50	7	284	467	4	11	44	8	154	46	12	109	175
% of children from jurisdiction			75%	52%	49%	57%	47%	60%	43%	58%	56%	36%	48%	72%	56%	20%	0%	58%	65%	25%	29%	51%	25%	78%	50%	18%	NA	NA
% children Statewide in all			2%	3%	21%	29%	1%	1%	1%	3%	2%	1%	2%	1%	4%	1%	0%	6%	10%	0%	0%	1%	0%	3%	1%	0%	2%	4%

Table 26

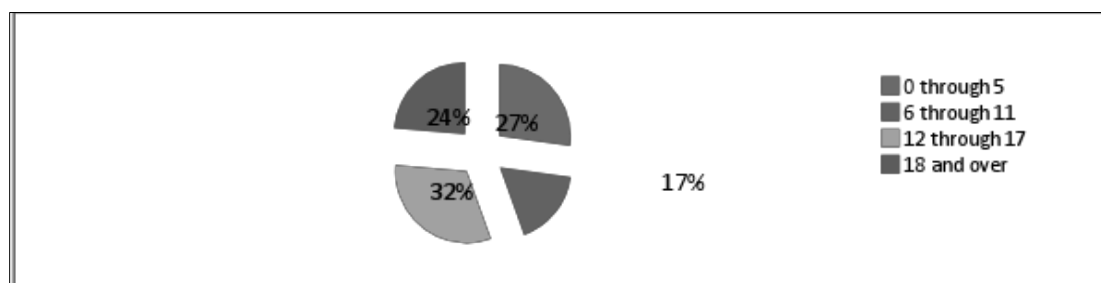
Human Services Demographics

As of January 31, 2017, 29% of children in Human Services out-of-home care were age 5 and younger; 18% were ages 6 to 11; 31% were ages 12 to 17; and 22% were age 18 and older. Comparing these proportions to last year's data (Table 28), there was a 3% increase in the 0-5 age range however there was a 10.8% decrease in the 18 and older range. Fifty-three percent of youth in Human Services out-of-home care are over the age of 11; this has significant implications for placement needs and challenges. Foster parent skills, therapeutic treatments, and other service needs of older children and youth are different from those of infants, toddlers, and young children.



Human Services All Categories Gender Trends								
Gender	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Male	3,531	3,099	2,754	2,456	2,407	2,286	-8.24%	-5.03%
Female	3,482	3,052	2,721	2,407	2,264	2,236	-8.38%	-1.24%
Unknown	1	0	2	2	1	0	NA	-100.00%
Total	7,014	6,151	5,477	4,865	4,672	4,522	-8.32%	-3.21%

Table 27



Human Services All Categories Age Trends								
Age	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
0 through 5	1,615	1,480	1,346	1,226	1,268	1,304	-4.01%	2.84%
6 through 11	1,058	930	870	799	810	827	-4.65%	2.10%
12 through 17	2,476	2,046	1,812	1,628	1,491	1,407	-10.60%	-5.63%
18 and over	1,865	1,695	1,449	1,212	1,103	984	-11.95%	-10.79%
Total	7,014	6,151	5,477	4,865	4,672	4,522	-8.32%	-3.21%

Table 28

Although racial disproportionality remains an issue, the percentages of Black/African-American children in Human Services out-of-home care has been decreasing over the past several years. In 2012, 67% of children in Human Services out-of-home care were Black/African-American; in 2017, the percentage was 58% for the second year in a row. In 2012, 26% of children in Human Services out-of-home care were White; in 2017, 30% were White, which was also equal to the 2016 percentage (Table 29). The increase in the percentage of White children is due to the overall decrease in placements while the decrease in percentage of Black/African American

children in care is greater than the overall decrease in placements. Gender remains nearly evenly split between males (51%) and females (49%) (Table 27).

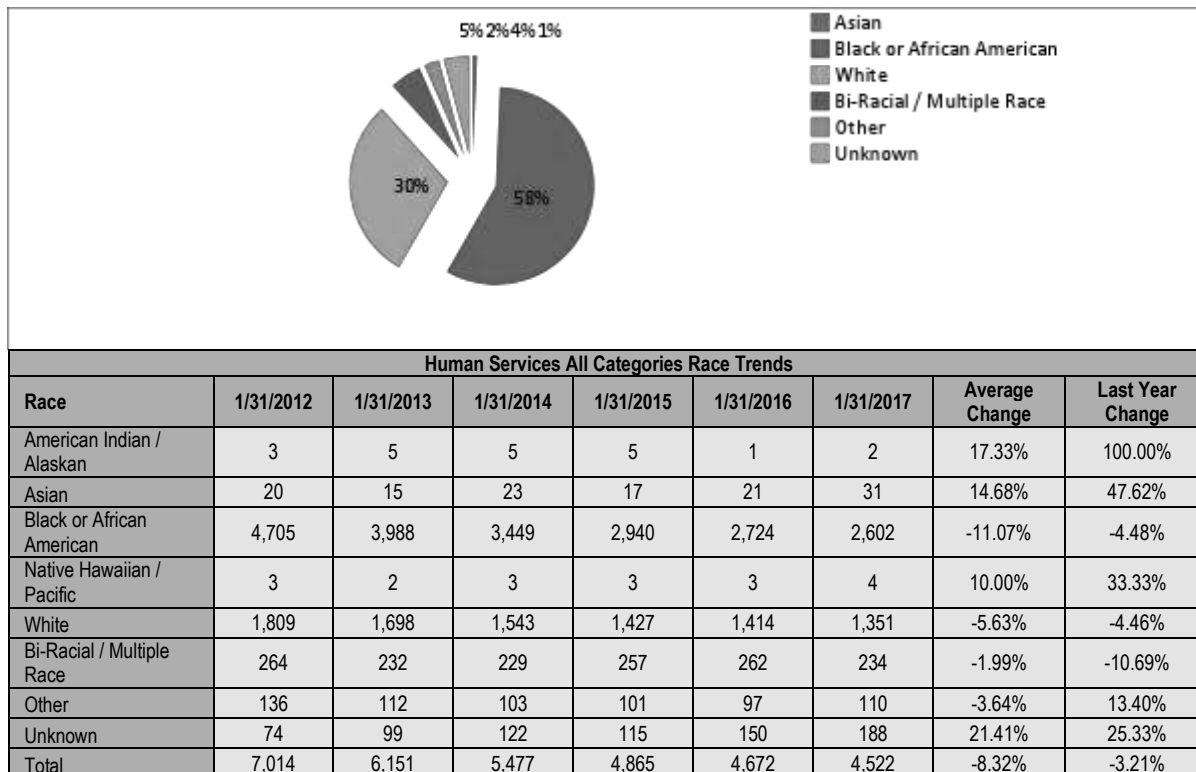


Table 29

Placement Subcategory Trends

Tables 24-25 present data on Human Services placements, including total placements during each fiscal year, broken out by placement category, as well as counts of placement entries, placement exits, and the count of children in placement as of the end of each fiscal year. As children may experience more than one placement during a year, they may be counted more than once among New Placements, Total Served, and Placement Exits. Placement exits and new entries often represent a change in placement for a child.

It should be noted that these placement changes often represent a move to a less “restrictive” level” – for example, a child may move from a group home to a family foster home and then to trial home visit with his/her biological parents, in preparation for reunification. Or, a child may need a short-term hospitalization followed by placement into a group home or foster home.

As the total Human Services out-of-home care population has decreased since July 2007, the numbers of family home and community-based placements has correspondingly decreased. Table 23 shows a total Human Services out-of-home population (as of January 31) decrease of 36% from 2012 to 2017; and there was a corresponding 34% decrease in family home placements, a 36% decrease in community-based placements, and a 39% decrease in non-community-based placements since FY2012. The decrease in community-based placements is a result of the Place Matters focus on family home placements for children, and the idea that

every child deserves a family home placement setting. The number of children in hospital settings, however, significantly increased since FY2012. Hospitalizations are relatively uncommon placement settings for children in foster care, depending on their needs — for both years (FY2012 and FY2017), the proportion of children hospitalized for medical reasons averaged 38%, while the proportion of children hospitalized for psychiatric reasons averaged 62%. The increase in hospitalizations over the past couple of years will be monitored as they have increased over the past two years, especially psychiatric. However, most are short term and the number varies based on the point in time when the data is collected. The increase could be due to the increased challenges faced by the children/youth entering out-of-home care.

Well over three-quarters (77%) of children placed out-of-home by Human Services are in Family Homes (placements in a family setting), including:

- Relative/kinship care (paid/restricted/relative and unpaid/formal kinship care);
- Living arrangements (primarily Trial Home Visits with family of origin, but also including own home/apartment);
- Adoptive care (pre-finalized adoptive homes);
- Foster care (emergency, intermediate, regular foster care, and respite care); and,
- Treatment foster care (private and public).

Over the past six years since 2012, the overall number of children placed in Family Home subcategories has decreased, with the greatest average annual decreases in formal relative (Kinship) care (12%), restricted relative (Kinship) care placements (10%), and Treatment Foster Care (8%). In the past year, Adoptive care has increased nearly 70% while family living arrangements (which are primarily trial home visits) have decreased by 14% (Table 32a). As the number of foster children decreases, time will tell whether reunification and guardianship will increase as the primary exits to permanence, followed by exits via adoption.

Table 32b shows community-based placements comprise Human Services' second most-used placement type; an average of 16% of all Human Services children/youth are in community-based placements. For Human Services, this includes: college, JobCorps, independent living residential programs, and residential child care programs (group homes).

Twenty-two percent of all children/youth in Human Services out-of-home care as of January 31, 2017, were older than age 17 (see Table 28); college, JobCorps, and independent living placements are age-appropriate for this population, and therefore least restrictive. Fifty-three percent of youth placed in community-based settings are older than 17 years of age. Youth age 18 and over have a choice to remain in Human Services out-of-home care; they may choose to remain in care until age 21, but are not legally required to do so. Youth are eligible for independent living programs at age 16.

Approximately 1% of children in Human Services out-of-home care are placed in the State's most restrictive placements (Hospitalizations), while an average of 4% are in non-community-based placements such as Residential Treatment Centers, correctional institutions, or secure detention (Table 23). Placements of children/youth in these settings are driven by severe

mental health and medical needs, and/or the juvenile/adult criminal justice system, although past abuse and trauma may contribute to individual children's mental health issues and/or delinquency.

There has also been an average of 2% of child records with incomplete placement information (Table 23) – this includes children on runaway status, as well as children whose placement data has not been fully entered into MD CHESSIE (Human Services' child welfare information system).

Human Services Out-of-State Placements

As the overall number of children placed in Human Services out-of-home care decreases, so does the overall numbers of children placed out-of-State. As of January 31, 2017, 2% of Human Services' foster care population was in out-of-State placements (109 children). As illustrated in Table 47 through Table 49, when compared to recent years, the count of children placed out-of-State in family homes has decreased (by 24% from 2016 to 2017). The number of children in community-based placements decreased by 52% from 2016 to 2017). Non-community-based placements continued to decrease by 54% in 2017 (6 children). This has demonstrated Human Service's commitment to reduce non-community based placements over the past year.

Sixty percent (60%) of the children placed out-of-State (65) were placed in Family Home placements (Table 47). Twenty-five percent (25%) of the children placed out-of-State were placed in Community-Based Placements, primarily Residential Child Care (group home) placements but also independent living, college, and JobCorps placements (Table 48).

Of the children placed out-of-State, 26% were 18 years of age or older. Fifty-two percent of children in community-based placement were over the age of 18 (Table 50). Further, 86% of children placed in family home settings were under the age of 18 (Table 51).

A key factor in determining whether a child will be placed out-of-State is the need of the child. Children placed in out-of-State residential treatment centers and group home facilities present with physical, mental, psychiatric, and educational needs. Of these children, many are on multiple psychotropic medications, have diagnoses of one or more developmental disorders including but not limited to: autism, developmental disabilities, mental health issues, emotional disturbances, and/or learning disabilities.

Residential treatment centers and group homes with expertly trained staff that are equipped and experienced in treating acute medical issues, developmental disabilities, and sex offenders have not existed in Maryland. Therefore, when Human Services' foster children and youth present with these intensive needs, an out-of-State placement has been the most reasonable and appropriate option. In the past year, there has been a concerted effort to reduce placement of children out-of-State and create placements in Maryland that can appropriately meet the needs of these children and youth. This has included a dialogue regarding the special needs of these children and how current Maryland providers can meet their needs. These efforts have increased the in-State capacity to serve children with complex needs and additional capacity is anticipated in the coming months.

Human Services Costs

Human Services funds only two categories of placements — Family Home and Community-Based Placements, although not all of these placements require funding. Family foster home placements of trial home placement and formal kinship care placements do not require residential funding, nor do some types of community-based placements. Hospitalizations are reimbursable through Medical Assistance, as is the residential portion of residential treatment center placements (non-community-based); the other non-community-based placements of secure detention or correctional institution are mandated and paid for by the juvenile justice system for youth detained, charged, adjudicated, and/or found guilty of criminal or delinquent behavior.

Over the past six fiscal years, Human Services' residential costs have continued to decrease, with an average annual decrease of 4%, and an overall decrease of 18% since 2012 (Table 30). In FY2012, the costs were just over \$215 million (M). By FY2016, the costs decreased to \$177M, and have remained there for FY2017 (Table 30).

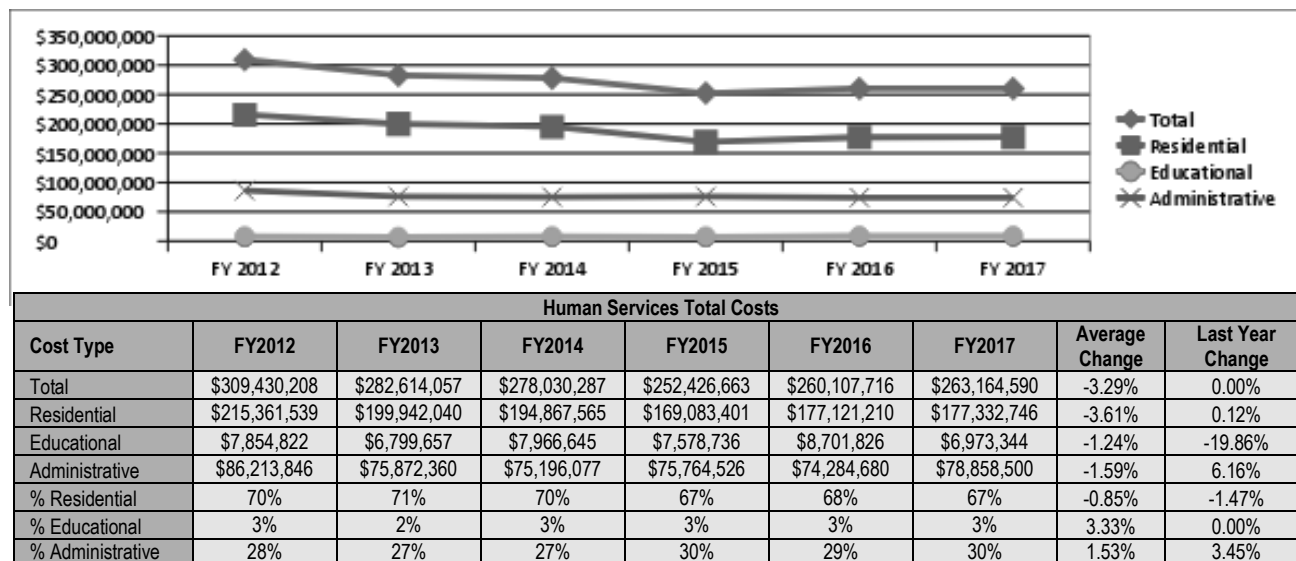
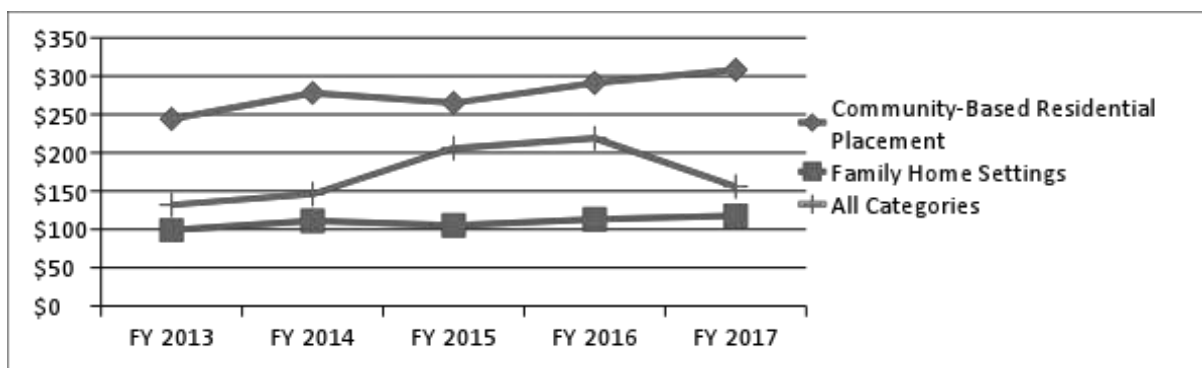


Table 30

Total expenditures, which includes residential as well as education and administrative costs, have mostly decreased over the years, although there is a 1% increase since FY2016. The average annual decrease of total costs is 3%, and an overall decrease of 15% since 2012, to \$260M in FY2017. Education costs have decreased from \$7.9M in FY2012 to \$7.0M in FY2017, while administrative costs have decreased 9% from \$86M in FY2012 to \$79M in FY2017.

Community-Based Placements continue to have a higher per bed day cost than Family Home Placements (Table 59), with a FY2017 average bed day cost of \$308, compared to \$118 for Family Home Placements (only paid placements were included in these averages). While the per diem costs for Community-Based Placements is higher than the family-based placements, it is important to note that the overall cost of Community-Based Placements comprises 40% of all Human Services residential placements costs whereas the cost of family homes comprises 60%, due to the substantially larger number of family home paid placements (Tables 57 and 59).



Category	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Community-Based Residential Placement	\$233	\$244	\$278	\$265	\$291	\$308	5.95%	5.97%
Family Home Settings	\$93	\$99	\$111	\$105	\$113	\$118	5.02%	4.34%
Hospitalization	NA	NA	NA	NA	NA	NA	NA	NA
Non-Community Based Residential Placement	NA	NA	NA	NA	NA	NA	NA	NA
Not Available	NA	NA	NA	NA	NA	NA	NA	NA
All Categories	\$124	\$132	\$146	\$206	\$219	\$156	7.14%	-28.77%

Table 31

Human Services Strategies

The primary goal of Human Services is to prevent maltreatment and out-of-home placement of children and youth. When placement is necessary to protect a child's safety, reunification with the family is the preferred goal. Services that support these goals are the priority of Human Services.

Human Services has identified the following critical areas for increased services:

- Reduce the number of children who enter out-of-home care;
- Reduce the number of children who re-enter out-of-home care; and,
- Children with substance abuse involved parents.

The percentage of children exiting Human Services out-of-home care who re-enter care within 12-months is 18% for FY2017, which is substantially higher than the 11% experienced through FY2010. Human Services is exploring the reasons for this increase and reducing re-entries is a major goal of its new efforts under the IV-E Waiver (details below). For more information about the predictive factors of re-entry after reunification and recommendations that Maryland is considering to reduce re-entries, please see the Department of Human Services' report at www.family.umaryland.edu/s/Final_Reentry-of-Foster-Youth_DHR.pdf. In addition, Maryland has begun to focus on addressing the trauma that affects nearly all children in the child welfare system, as well as many parents, caregivers, and caseworkers.

Programs and practices that have proven essential to the effectiveness of Maryland's child welfare services in not only serving the child while in care but also programs and practices that help to aid in the prevention, intervention, and continuation of service to the child after leaving care, are outlined below. These services include but are not limited to: job skills training, educational services, and family centered practices.

Human Services has several current initiatives that address these needs:

1. Award of IV-E Waiver – Human Services received approval for a five-year federal demonstration project that allows Maryland more flexibility in using federal foster care funds to achieve improved safety, permanency, and well-being of vulnerable children. This waiver allows funds that previously only could be used as reimbursement for out-of-home placement to be used for in-home supports, prevention services, and other services that keep children at home safely. The project includes an extensive planning process and began July 1, 2015.
2. Performance-based contracting for residential congregate care providers (also known as group homes) and Child Placement Agencies (treatment foster care and independent living residential programs) increases accountability and quality of community-based out-of-home care.
3. Continuation of the Family-Centered Practice and Place Matters initiatives, which focus on child, youth, and family involvement, natural and community supports, and keeping children in their homes and communities whenever safe and possible. Family Involvement Meetings are used to plan services, identify services, avoid out-of-home placement, and engage the family. Guardianship Assistance Program, Kinship Navigators, and Family Finding are used to avoid out of home placement and/or help children find permanent homes with relatives.
4. Ready by 21 is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health, and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the local departments of social services and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and Services to integrate back into their homes and communities when they reunify with the families or to be successful if they emancipate from care at age 21.
5. Additional programs such as Youth Matter, Alternative Response, and tuition waivers further engage and strengthen youth and families.

As a result of obtaining a IV-E Waiver, Human Services is able to move towards an approach that will more effectively achieve the goals outlined in the Strategies section (page 36). The IV-E Waiver will accelerate Human Services' shift of Services to the "front end" of its service system—to impact families positively at earlier points in time, to avoid adverse family outcomes such as indicated maltreatment and foster care placement. Accompanying this paradigm shift, Human Services will increase the Agency's sensitivity to trauma among children, families, and case workers, to become a trauma-informed service system.

Through the IV-E Waiver, Human Services has identified areas of need, evidence based practices, program models, and policy updates, to narrow the focus on the critical issues of entry, re-entry, and parental substance abuse. In large part, each model and program design will solely focus on strengthening the family at its core thereby reducing the overall number of children in care; reducing the number of children re-entering care; and addressing the challenge of children with parents who have substance abuse addictions or dependencies.

Below are programs and services designed to address these issues, some of which Human Services is working to create or expand under the IV-E Waiver:

1. Human Services proposes to create a trauma-informed system that uses standardized assessments to identify services and supports for children and families to prevent out-of-home care and re-entries into out-of-home care as well as to improve well-being.
2. Human Services will expand intensive family preservation and post-permanency service, including both prevention and post-permanency services.
3. *SafeCare* is an in-home parenting model for parents with children ages 0-5 who are at risk for or have a history of child abuse or neglect. SafeCare provides direct skill training with parents using four modules: health, home safety, parent-child/parent-infant interactions, and problem solving and communication.
4. *Functional Family Therapy* is designed for 11- to 18-year-olds with behavioral health problems including conduct problems and substance abuse problems. Functional Family Therapy improves family relationships by teaching families how to promote the safety of their children, improve communication skills and develop skills for solving family problems.
5. *Trauma Focused Cognitive Behavioral Therapy* is a model of psychotherapy for both child and parent participation designed for children ages 3 to 18 who are experiencing negative effects from trauma events and who are experiencing symptoms of Post-Traumatic Stress Disorder, depression, anxiety, grief, or trauma-related shame. Treatment focuses on psycho-education and parenting skills, relaxation techniques, emotional expression and processing/regulation, and coping abilities.
6. *Parent-Child Interaction Therapy* is a behavioral intervention that focuses on decreasing behavior problems, improving child social skills and cooperation, and securing the attachment between parent and child. This model targets children ages 2 to 7 years old with behavior problems and parent-child relationship problems.
7. *Nurturing Parenting* is a group-based and family-centered program proposed for parent and child, ages 5 to 12, who have been reported to the child welfare system. This treatment model focuses on parenting methods contributing to attachment problems, disciplinary problems, neglect of child's basic needs, and lack of supervision. Services to children include targeting and addressing: feelings of low self-worth, bully-like or victim-like behaviors, overprotective or withdrawn behavior, and separation anxiety.
8. *Incredible Years* is focused on strengthening parent competencies in a group-based setting. This program promotes young children's social, emotional, and academic competencies and prevents the development of conduct problems. The target population is high-risk children ages 2 to 12 and their parents.

In addition, Human Services provides many supplementary services to children who are involved with out-of-home care. Requests for these services addresses needs at the individual level.

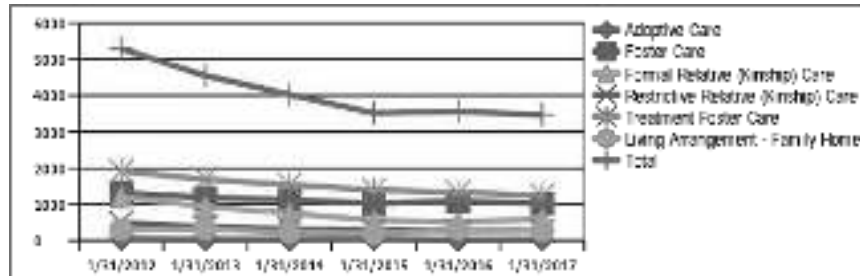
Challenges

Human Services continues to face challenges as the needs of children and families change.

Through the IV-E Waiver process, Human Services has identified the following gaps in services:

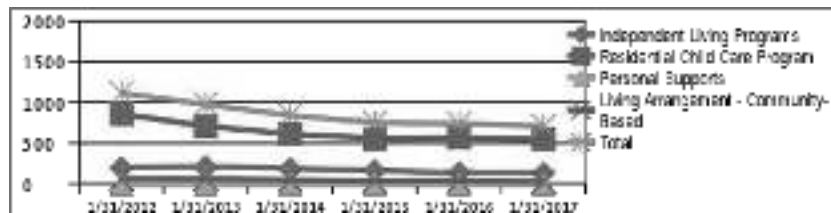
- Human Services cares for child victims of human sex trafficking, including investigating allegations of this type of child abuse, working with local and federal law enforcement, providing services, and providing out-of-home placements for these victims when needed. As a result, Human Services has issued a Statement of Need Request for Proposals and it is anticipated that services will be in place by the end of FY2018.
- Foster and adoptive parents continue to be needed for teens, sibling groups, medically fragile children, and Spanish-speaking children.
- Community services are needed for biological families – for those involved in child welfare as well as for those not involved. Mental health, substance abuse, anger management, and financial management services are needed. It is anticipated that the newly-reinforced Local Care Team process will address access to interagency services such as these.
- Transportation is cited as a need in every jurisdiction – both intra- and inter-jurisdiction public transportation, for both parents and older youth.
- Job training, employment opportunities, and low-cost housing are needed for both older youth and families.
- Lastly, in terms of placement types, there is a need for immediate access to substance abuse treatment programs that accept parents and children together.

In summary, Human Services is taking the next steps in building its service system to address the needs of children and families earlier and incorporating an approach sensitive to the effects of trauma on individuals and families. Supporting families earlier is best for children, and will help children to thrive and grow into healthy and productive young adults, ready for life and the workplace.



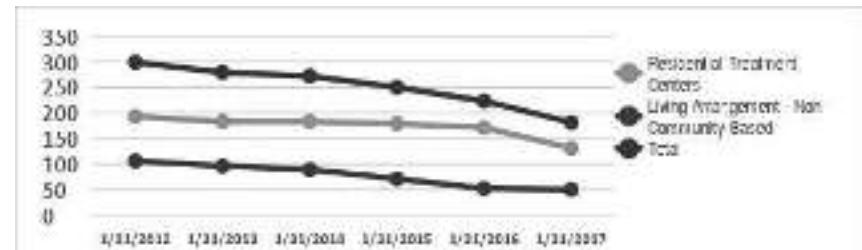
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Adoptive Care	47	37	32	41	23	39	3.80%	69.57%
Foster Care	1,321	1,180	1,128	1,024	1,095	1,018	-4.77%	-6.48%
Formal Relative (Kinship) Care	1,207	936	761	557	508	602	-11.65%	18.50%
Restrictive Relative (Kinship) Care	491	382	326	293	276	278	-10.41%	0.72%
Treatment Foster Care	1,914	1,691	1,541	1,402	1,331	1,246	-8.20%	-6.39%
Living Arrangement - Family Home	306	322	236	197	330	289	3.05%	-14.24%
Total	5,286	4,548	4,024	3,514	3,563	3,183	-7.86%	-2.55%

Table 32a



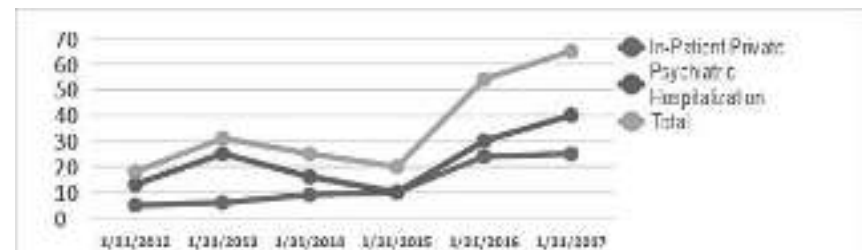
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Independent Living Programs	197	212	188	161	136	130	-7.60%	-4.41%
Residential Child Care Program	859	708	611	557	567	554	-8.12%	-2.29%
Personal Supports	0	0	0	0	0	0	NA	NA
Living Arrangement - Community-Based	60	58	43	35	37	26	-14.36%	-29.73%
Total	1,116	978	842	753	740	710	-8.52%	-4.05%

Table 32b



Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Commitment Programs	0	0	0	0	0	0	NA	NA
Secure Juvenile Commitment	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	193	183	183	179	171	131	-7.05%	-23.39%
Substance Use and Addiction Programs	0	0	0	0	0	0	-7.60%	NA
Living Arrangement - Non-Community-Based	106	96	89	71	52	50	-13.51%	-29.58%
Total	299	279	272	250	223	181	-9.38%	-18.83%

Table 33



Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
In-Patient Private	5	6	9	10	24	25	45.06%	4.17%
Psychiatric Hospitalization	13	25	16	10	30	40	50.43%	33.33%
Total	18	31	25	20	54	65	44.65%	20.37%

Table 34



Human Services Family Home Settings								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	1,589	1,461	1,324	1,209	1,257	1,290	-3.90%	2.63%
6 through 11	984	871	816	760	761	762	-4.88%	0.13%
12 through 17	1,744	1,377	1,239	1,050	950	917	-11.86%	-3.47%
18 and over	969	839	645	495	595	503	-11.01%	-15.46%
Total	5,286	4,548	4,024	3,514	3,563	3,472	-7.86%	-2.55%

Table 35



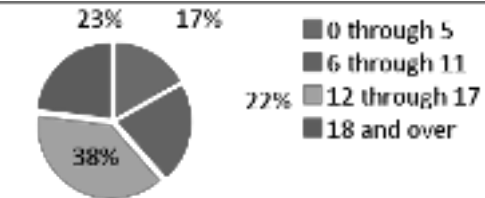
Human Services Non-Community-Based								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	27	17	17	13	19	14	-8.15%	-26.32%
12 through 17	192	186	176	174	147	131	-7.21%	-10.88%
18 and over	80	76	79	63	57	36	-13.53%	-36.84%
Total	299	279	272	250	223	181	-9.38%	-18.83%

Table 37



Human Services Community-Based								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	6	5	3	0	0	1	NA	NA
6 through 11	36	36	31	20	23	36	4.43%	56.52%
12 through 17	475	401	322	319	327	294	-8.76%	-10.09%
18 and over	599	536	486	414	390	379	-8.66%	-2.82%
Total	1,116	978	842	753	740	710	-8.52%	-4.05%

Table 36



Human Services Hospitalizations								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	5	4	5	6	7	11	19.76%	57.14%
6 through 11	1	0	0	0	5	14	NA	180.00%
12 through 17	4	12	9	9	24	25	69.17%	4.17%
18 and over	1	6	3	5	20	15	158.33%	-25.00%
Total	11	22	17	20	56	65	58.20%	16.07%

Table 38



Human Services Family Home Settings								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	2,568	2,241	1,954	1,757	1,806	1,721	-7.51%	-4.71%
Female	2,717	2,307	2,068	1,755	1,756	1,751	-8.16%	-0.28%
Unknown	1	0	2	2	1	0	NA	-100.00%
Total	5,286	4,548	4,024	3,514	3,563	3,472	-7.86%	-2.55%

Table 39



Human Services Community-Based								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	647	543	477	393	384	371	-10.30%	-3.39%
Female	469	435	365	360	356	339	-6.12%	-4.78%
Unknown	1	0	0	0	0	0	NA	NA
Total	1,117	978	842	753	740	710	-8.54%	-4.05%

Table 40



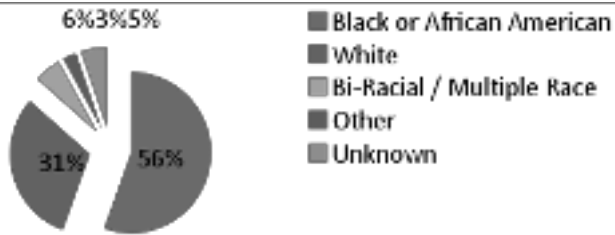
Human Services Non-Community-Based								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	188	180	174	166	149	109	-9.85%	-26.85%
Female	111	99	98	84	74	72	-8.14%	-2.70%
Unknown	0	0	0	0	0	0	NA	NA
Total	299	279	272	250	223	181	-9.38%	-18.83%

Table 41



Human Services Hospitalization Settings								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	7	10	13	10	25	41	52.76%	64.00%
Female	4	12	4	10	18	24	79.33%	33.33%
Unknown	0	0	0	0	0	0	-9.85%	NA
Total	11	22	17	20	43	65	52.22%	-26.85%

Table 42



Human Services Family Home Settings								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	2	3	2	4	1	1	8.33%	0.00%
Asian	13	11	14	9	14	20	14.92%	42.86%
Black or African American	3,479	2,866	2,466	2,058	2,013	1,914	-11.05%	-4.92%
Native Hawaiian / Pacific	2	1	3	3	3	4	36.67%	33.33%
White	1,403	1,300	1,155	1,052	1,091	1,066	-5.20%	-2.29%
Bi-Racial / Multiple Race	212	188	188	205	212	191	-1.75%	-9.91%
Other	112	86	82	77	83	94	-2.58%	13.25%
Unknown	63	93	114	106	146	182	25.12%	24.66%
Total	5,286	4,548	4,024	3,514	3,563	3,472	-7.86%	-2.55%

Table 43



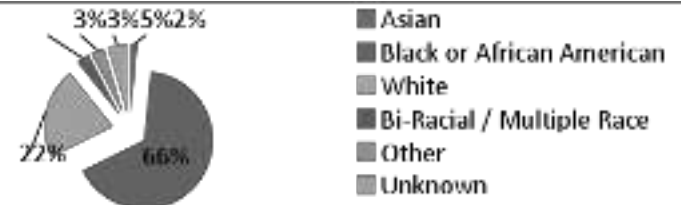
Human Services Community-Based								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	1	0	0	0	NA	NA
Asian	6	3	5	4	5	6	8.33%	20.00%
Black or African American	766	676	575	487	493	472	-9.00%	-4.26%
Native Hawaiian / Pacific	1	1	0	0	0	0	NA	NA
White	284	248	222	219	210	196	-7.06%	-6.67%
Bi-Racial / Multiple Race	35	32	23	29	25	25	-4.88%	0.00%
Other	17	12	11	8	5	9	-4.50%	80.00%
Unknown	7	6	5	6	2	2	-15.52%	0.00%
Total	1,116	978	842	753	740	710	-8.52%	-2.55%

Table 44



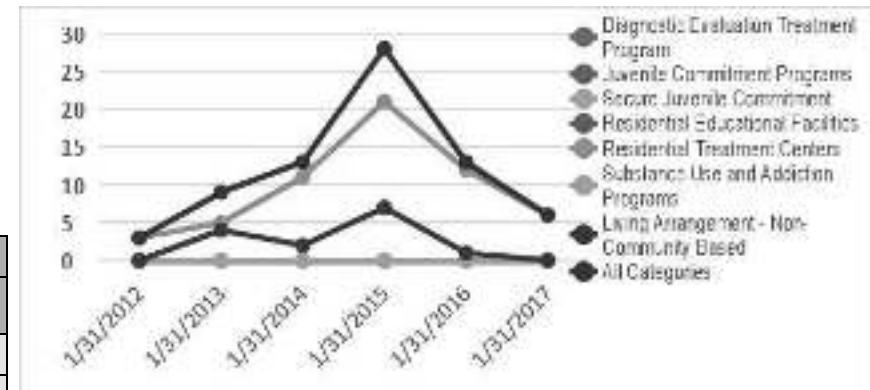
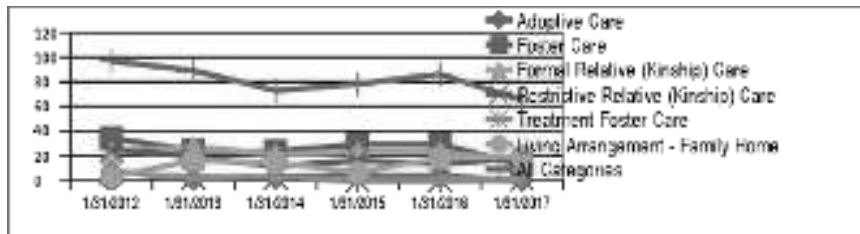
Human Services Non-Community-Based								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	1	NA	NA
Asian	0	0	2	4	2	4	NA	100.00%
Black or African American	200	187	179	162	129	107	-11.54%	-4.05%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	81	75	74	68	74	56	-8.52%	-4.05%
Bi-Racial / Multiple Race	14	9	11	9	12	12	0.33%	0.00%
Other	3	8	5	7	5	1	12.12%	-4.05%
Unknown	1	0	1	0	1	0	NA	0.00%
Total	299	279	272	250	223	181	-9.38%	-18.83%

Table 45



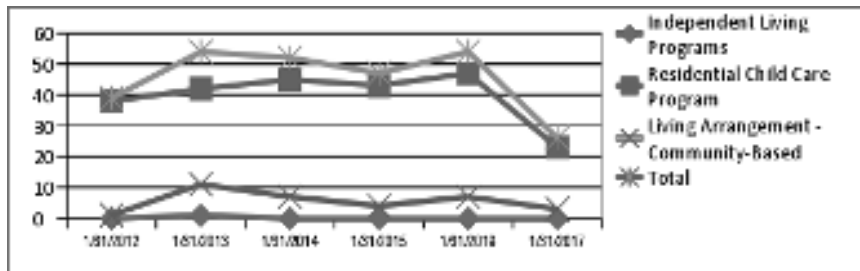
Human Services Hospitalizations								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	0	0	0	0	1	NA	NA
Black or African American	5	14	10	9	22	43	76.27%	95.45%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	5	8	5	7	24	14	52.74%	-41.67%
Bi-Racial / Multiple Race	1	0	2	2	6	2	NA	-66.67%
Other	0	0	0	1	1	2	NA	100.00%
Unknown	0	0	0	1	1	3	NA	200.00%
Total	11	22	17	20	54	65	57.06%	20.37%

Table 46



Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Adoptive Care	7	1	2	4	3	0	-2.14%	100.00%
Foster Care	34	24	23	29	29	12	-13.22%	-58.62%
Formal Relative (Kinship) Care	23	27	21	23	23	15	-6.02%	-34.78%
Restrictive Relative (Kinship) Care	25	19	11	16	13	18	-0.19%	38.46%
Treatment Foster Care	6	2	2	0	0	1	NA	NA
Living Arrangement - Family Home	2	16	14	6	18	19	167.18%	5.56%
All Categories	97	89	73	78	86	65	-6.71%	-24.42%

Table 47



Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Independent Living Programs	0	1	0	0	0	0	NA	NA
Residential Child Care Program	38	42	45	43	47	23	-5.71%	-51.06%
Personal Supports	0	0	0	0	0	0	NA	NA
Living Arrangement - Community-Based	1	11	7	4	7	3	187.73%	-57.14%
Total	39	54	52	47	54	26	-2.36%	-51.85%

Table 48

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Commitment Programs	0	0	0	0	0	0	NA	NA
Secure Juvenile Commitment	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	3	5	11	21	12	6	36.94%	-51.85%
Substance Use and Addiction Programs	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	0	4	2	7	1	0	NA	-51.85%
All Categories	3	9	13	28	13	6	50.48%	-53.85%

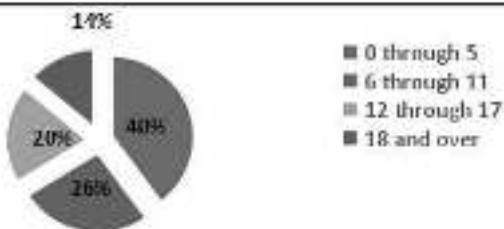
Table 49

Age



Human Services Out-of-State Community-Based Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	1	2	1	0	0	0	NA	NA
12 through 17	18	22	20	21	24	13	-2.68%	-45.83%
18 and over	20	30	31	26	30	14	-6.71%	-53.33%
Total	39	54	52	47	54	27	-1.99%	-50.00%

Table 50



Human Services Out-of-State Family Home Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	28	29	36	27	37	26	2.00%	-29.73%
6 through 11	22	24	9	15	21	17	6.84%	-19.05%
12 through 17	37	23	14	26	12	13	-7.35%	8.33%
18 and over	10	13	14	10	16	9	5.07%	-43.75%
Total	97	89	73	78	86	65	50.48%	-24.42%

Table 51

Gender



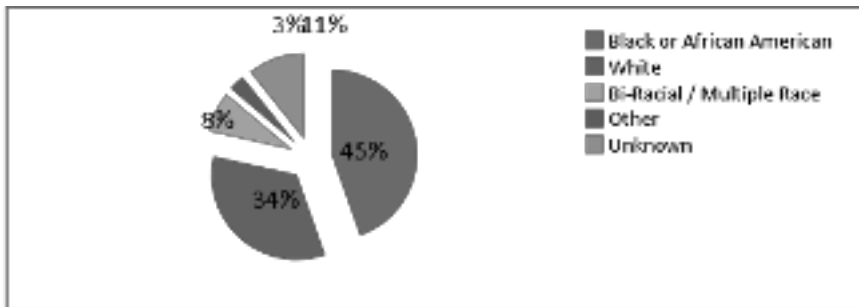
Human Services Out-of-State Family Home Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	46	40	35	42	39	30	-7.15%	-23.08%
Female	51	49	38	36	47	35	-5.32%	-25.53%
Unknown	0	0	0	0	0	0	NA	NA
Total	97	89	73	78	86	65	-6.71%	-24.42%

Table 52



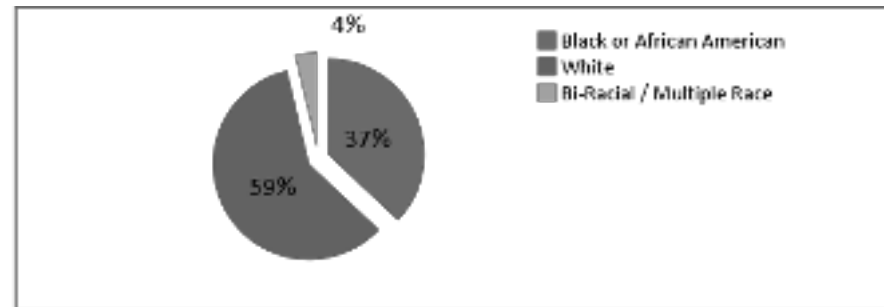
Human Services Out-of-State Community-Based Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	25	30	32	29	33	15	-4.69%	-54.55%
Female	14	24	20	18	21	12	3.71%	-42.86%
Unknown	0	0	0	0	0	0	-6.71%	NA
Total	39	54	52	47	54	27	-1.99%	-50.00%

Table 53



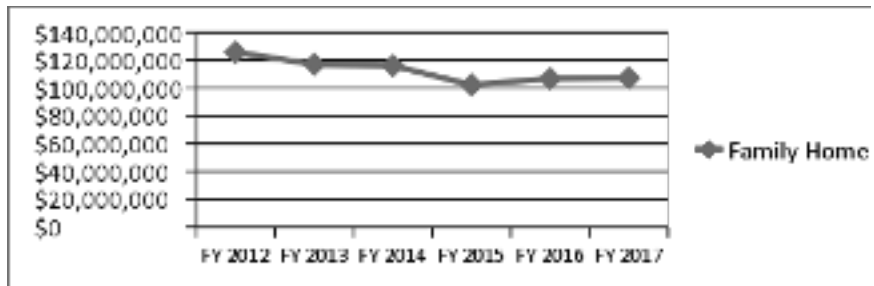
Human Services Out-of-State Family Home Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	0	0	0	0	0	NA	NA
Black or African American	63	54	35	34	43	29	-11.68%	-32.56%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	28	30	27	30	26	22	-4.09%	-15.38%
Bi-Racial / Multiple Race	4	2	3	4	2	5	26.67%	150.00%
Other	1	1	6	8	11	2	97.80%	-81.82%
Unknown	1	2	2	2	4	7	55.00%	75.00%
Total	97	89	73	78	86	65	-6.71%	-24.42%

Table 54



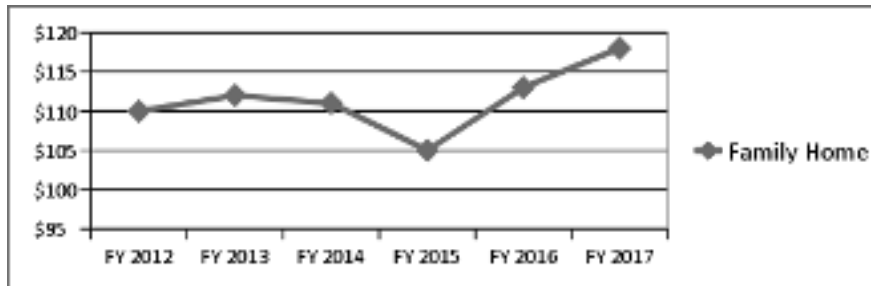
Human Services Out-of-State Community-Based Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	1	0	0	0	0	NA	NA
Black or African American	21	31	29	24	24	10	-6.88%	-58.33%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	16	19	19	21	28	16	3.95%	-42.86%
Bi-Racial / Multiple Race	2	3	4	2	2	1	-3.33%	-50.00%
Other	0	0	0	0	0	0	NA	NA
Unknown	0	0	0	0	0	0	NA	NA
Total	39	54	52	47	54	27	-1.99%	-50.00%

Table 55



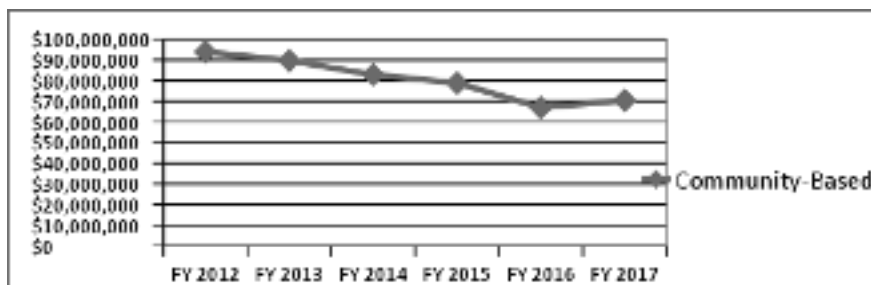
Human Services Family Home Total Costs							
FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
\$125,716,002	\$117,085,829	\$116,053,950	\$102,218,445	\$106,713,137	\$107,234,376	-2.96%	0.49%

Table 56



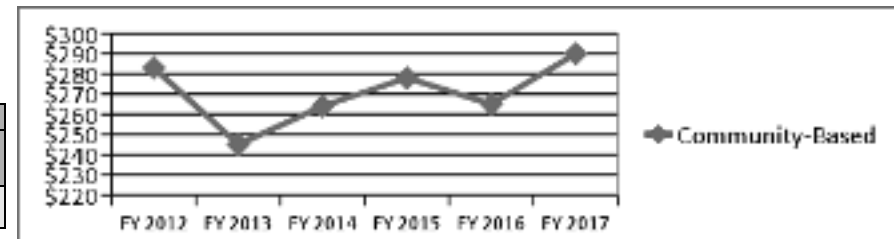
Human Services Family Home Costs Per Bed-Day (Residential Only)							
FY	2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
\$110	\$112	\$111	\$105	\$113	\$118	1.51%	4.42%

Table 57



Human Services Community-Based Total Costs							
FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
\$89,645,537	\$82,856,211	\$78,813,615	\$66,864,956	\$70,408,073	\$70,097,770	-4.55%	-0.44%

Table 58



Human Services Community-Based Costs Per Bed-Day (Residential Only)							
FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
\$245	\$264	\$278	\$265	\$290	\$308	0.88%	9.43%

Table 59

Department of Juvenile Services Summary

The Department of Juvenile Services' (Juvenile Services) primary function is to appropriately manage, supervise, and treat youth who are involved in the juvenile justice system in Maryland. Ultimately, the vision has remained consistent throughout the last decade and that is to ensure successful youth, strong leaders, and safer communities throughout the State. To ensure this, Juvenile Services provides individualized care and treatment to youth under the age of 18 who violate criminal law, or are likely to violate the law, or whose behavior is such that they may endanger themselves or others. Objective screening and assessment tools are utilized to manage youth with the guidance of the data collected, and Juvenile Services works with partners in the community to achieve meaningful improvements to the outcomes of the youth they serve.

Juvenile Services 2017 Highlights

The decline in Juvenile Services committed placements which became evident in FY2014 has continued through FY2017. The decline has been seen across all categories of committed placement, though it has been somewhat greater in the Community-Based and Family Home types. The lower and more moderate risk cases that have historically been served in Community-Based Residential and Family Home placements have increasingly been diverted, either at Intake (which can divert certain cases from court), or post-adjudication by the utilization of evidence based in-home programming for youth on probation.

Non-Community Based Placements, in which youth attend on-site schools, and where there is more security, saw more modest declines. This category includes youth served out-of-State.

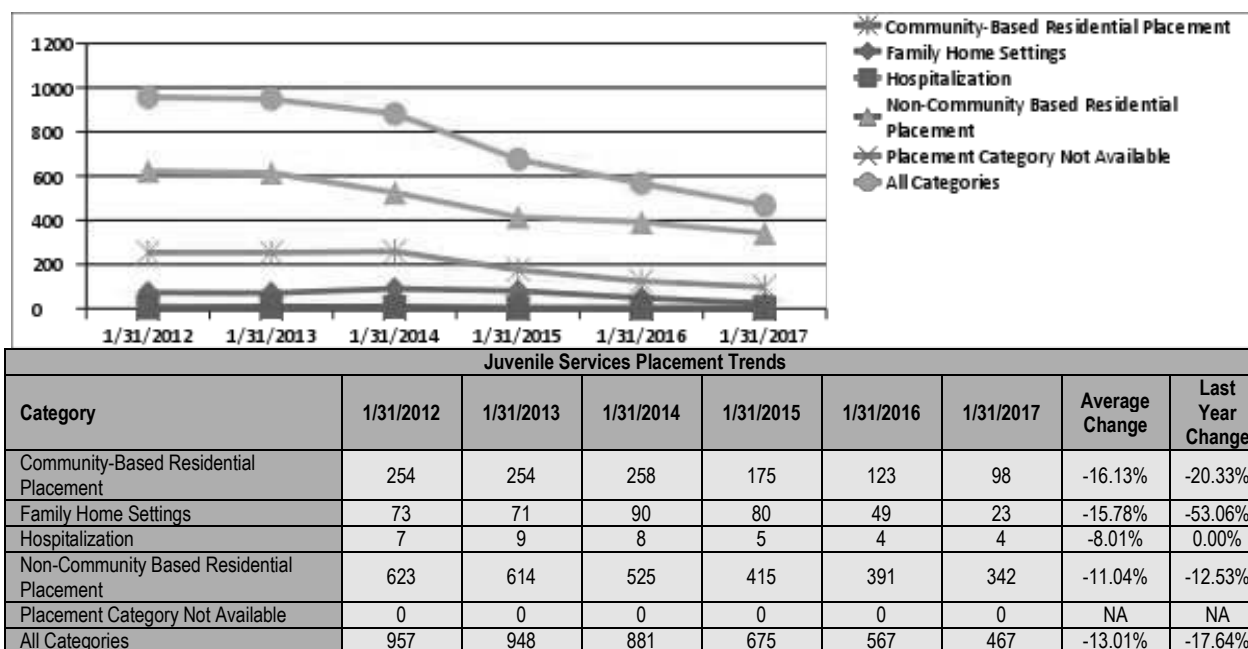
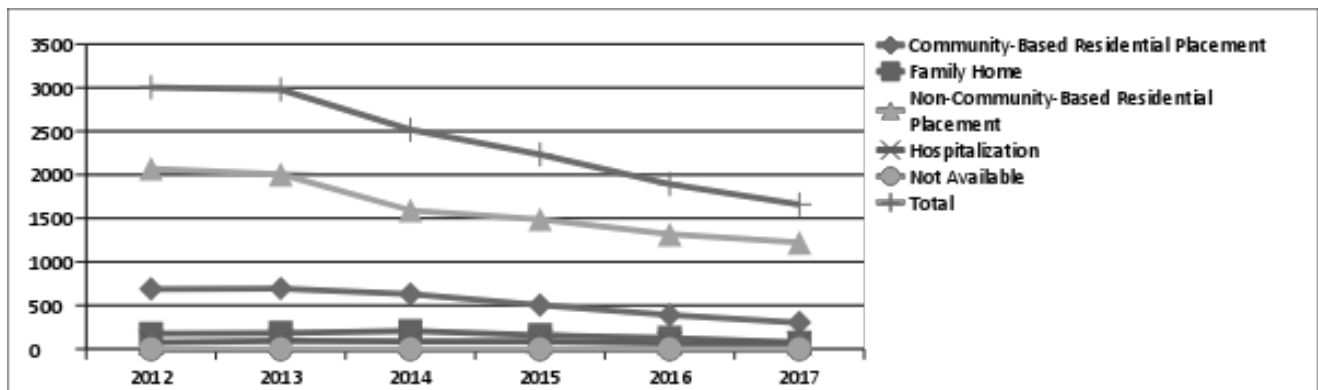


Table 60



Category	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Community-Based Residential Placement	688	694	631	504	389	302	-14.70%	-22.37%
Family Home	173	184	206	157	127	74	-13.26%	-41.73%
Non-Community-Based Residential Placement	2,070	2,005	1,592	1,488	1,316	1,222	-9.79%	-7.14%
Hospitalization	74	96	88	84	62	61	-2.19%	-1.61%
Not Available	0	0	0	0	0	0	NA	NA
Total	3,005	2,979	2,517	2,233	1,894	1,659	-11.05%	-12.41%

Table 61

State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	950	2,029	2,979	2,049	930
2014	810	1,707	2,517	1,778	739
2015	826	1,407	2,233	1,587	646
2016	564	1,200	1,764	1,292	472
2017	512	1,147	1,659	1,228	431
Three-Year Change	-20.47%	-9.56%	-13.48%	-11.77%	-17.81%
Average Yearly Change	-13.43%	-13.14%	-13.44%	-11.88%	-17.19%
Recent Year Change	-9.22%	-4.42%	-5.95%	-4.95%	-8.69%

Table 62

The largest number of Juvenile Services placements (18%) involved Baltimore City residents. There was a notable decline in placements from Prince George's County which dropped from 19.9% in FY2016 to 13.1% in FY2017. Out-of-State residents placed in Maryland Juvenile Services facilities make up 2.4% of all Juvenile Services placements.

Juvenile Services Placement By Jurisdiction																												
Jurisdiction Where Children Were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from	Jurisdiction Where Children Were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	12	2.57%	6	0	1	1	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0
Anne Arundel	47	10.06%	2	0	6	8	0	0	0	0	0	6	2	5	0	0	1	1	0	0	0	0	0	5	1	0	7	0
Baltimore	33	7.07%	3	0	7	2	0	0	0	0	0	2	1	3	0	0	0	2	1	0	0	0	0	4	0	0	4	0
Baltimore City	84	17.99%	4	0	14	8	0	0	0	0	0	3	8	8	0	0	1	6	0	0	0	0	0	7	0	0	14	0
Calvert	8	1.71%	1	0	2	2	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	3	0.64%	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Carroll	13	2.78%	1	0	2	0	0	0	0	0	0	1	2	2	0	0	0	1	0	0	0	0	0	3	0	0	0	0
Cecil	6	1.28%	1	0	1	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	23	1.20%	0	0	6	2	0	0	0	0	0	2	1	2	0	0	1	0	1	0	0	0	0	4	0	0	1	0
Dorchester	3	0.64%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Frederick	17	3.64%	5	0	3	2	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	3	0
Garrett	1	0.21%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	18	3.85%	4	0	7	1	0	0	0	0	0	0	1	2	0	0	0	1	0	0	0	0	0	1	0	0	0	0
Howard	13	2.78%	0	0	2	3	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	1	0	0	1	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	53	11.35%	10	0	9	3	0	0	0	0	0	0	6	9	0	0	3	4	1	0	0	0	0	1	0	0	3	0
Prince George's	61	13.06%	6	1	11	5	0	0	0	0	0	0	8	4	0	0	3	4	4	0	0	0	0	5	1	0	3	0
Queen Anne's	2	0.43%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	4	0.86%	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
St. Mary's	13	2.78%	2	0	3	4	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Talbot	1	0.60%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	18	3.85%	5	0	1	1	0	0	0	0	0	1	1	1	0	0	0	2	0	0	0	0	0	3	0	0	1	0
Wicomico	21	4.50%	3	0	6	0	0	0	0	0	0	2	4	2	0	0	0	1	0	0	0	0	0	1	0	0	1	0
Worcester	2	0.43%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Out-of-State	11	2.36%	0	0	4	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	3	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	467	100%	54	1	88	45	0	0	0	0	0	19	40	51	0	0	9	23	8	0	0	0	0	40	6	0	41	54
% of children from jurisdiction			50.00%	0.00%	21.21%	9.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	NA	7.55%	6.56%	0.00%	0.00%	0.00%	0.00%	16.67%	0.00%	0.00%	27.27%	NA
% children Statewide in all			11.56%	0.21%	18.84%	9.64%	0.00%	0.00%	0.00%	0.00%	0.00%	4.07%	8.57%	10.92%	0.00%	0.00%	1.93%	4.93%	1.71%	0.00%	0.00%	0.00%	0.00%	8.57%	1.28%	0.00%	8.78%	11.56%

Table 63

Juvenile Services Out-of-State Placements

Juvenile Services policy states that youth may not be placed out-of-State without the approval of the Secretary or designee, and without a court order for services not available within Maryland. The Department adheres to Interstate Compact requirements and agreements with other states regarding requests for permission and notifications when youth are placed in another state. Maryland law includes specific criteria for out-of-State placement including the condition that a youth's individualized needs cannot be met through in-State resources. Youth placed in out-of-State facilities are visited by Juvenile Services staff at least quarterly and parents/guardians are provided with opportunities to visit youth at least once per quarter.

In general, out-of-State placement is driven by a lack of sufficient hardware-secure beds for males, and lack of staff-secure beds for females. If youth are going to kinship care out-of-State, they go through Interstate Compact for Juveniles and are not placed there by Juvenile Services. The following is a list of factors that might contribute to a Juvenile Services out-of-State placement:

Males:

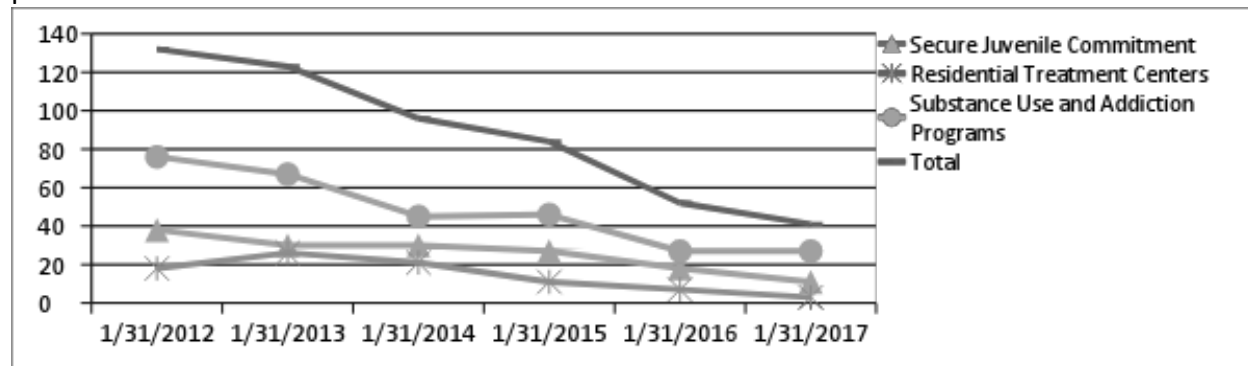
- Age 18 or older and in need of Residential Treatment Center placement;
- Too aggressive (assaultive behavior while in in-State placement);
- In need of Residential Treatment Center placement and already have diploma or GED;
- Need hardware-secure placement and offense is excluded by Victor Cullen Center criteria, including those males placed in out-of-State staff-secure who would need hardware-secure placement if placed in-State due to risk levels;
- In need of hardware-secure Residential Treatment Center placement because of mental health treatment needs and behavioral problems including aggression;
- Separation of youth who need staff- or hardware-secure placement so that they are in different facilities; and,
- Arsonist, sex offender in need of non-Residential Treatment Center staff-secure program.

Females:

- History of running away from community-based residential placement and/or ejections from community-based residential placement and re-offending;
- In need of staff-secure long-term substance abuse treatment and/or mental health treatment or diagnosed with co-occurring disorders and have behavioral issues as well (including aggression); and,
- In need of Residential Treatment Center placement and already have diploma or GED.

The number of Juvenile Services youth served out-of-State has declined significantly in recent years, and is now less than a third of the population that was out-of-State in FY2012. It should also be noted that the out-of-State programs utilized by Juvenile Services and categorized here

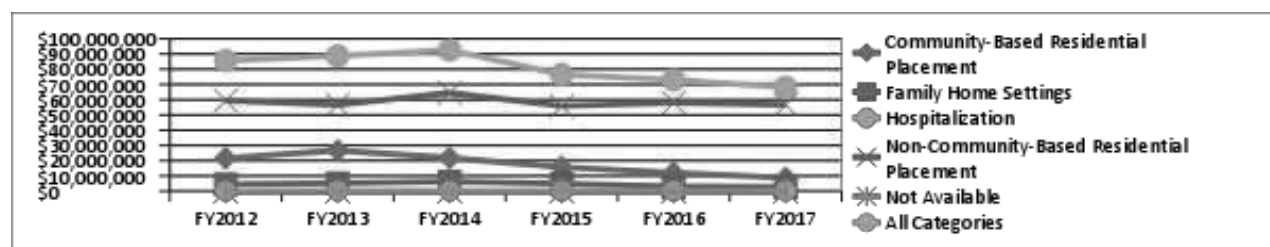
as “Substance Use and Addiction Programs” all provide a significant level of security in which to provide substance use services.



Department of Juvenile Services Out-of-State Non-Community-Based Placement Trends								
Subcategory	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Commitment Programs	0	0	0	0	0	0	NA	NA
Secure Juvenile Commitment	38	30	30	27	18	11	-20.65%	-38.89%
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	18	26	21	11	7	3	-23.18%	-57.14%
Substance Use and Addiction Programs	76	67	45	46	27	27	-16.75%	0.00%
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	132	123	96	84	52	41	-20.10%	-21.15%

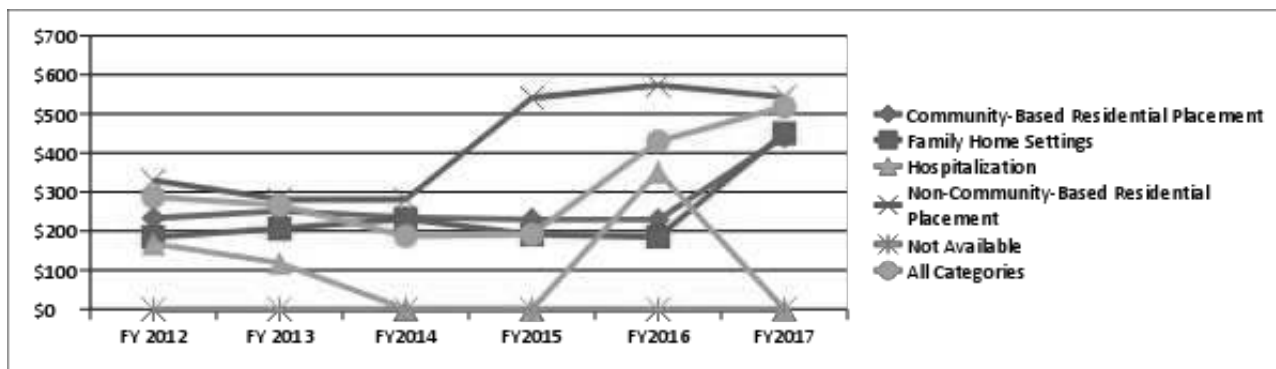
Table 64a

Juvenile Services Costs



Juvenile Services Total Cost								
Category	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Avg. Change	Last Year Change
Community-Based Residential Placement	\$21,634,051	\$26,725,210	\$21,828,389	\$15,788,423	\$11,999,943	\$8,707,044	-14.78%	-27.44%
Family Home Settings	\$4,517,994	\$5,329,639	\$6,278,370	\$4,920,731	\$2,907,466	\$2,705,336	-6.74%	-6.95%
Hospitalization	\$14,946	\$41,220	\$19,652	\$0	\$79,220	\$0	NA	-100%
Non-Community-Based Residential Placement	\$59,475,243	\$56,581,033	\$64,467,134	\$55,817,303	\$58,047,404	\$56,592,233	-0.57%	-2.51%
Not Available	\$0	\$0	\$0	\$0	\$0	\$0	NA	NA
All Categories	\$85,642,234	\$88,677,102	\$92,593,545	\$76,526,457	\$73,034,033	\$68,004,613	-4.17%	-6.89%

Table 64b



Category	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Community-Based Residential Placement	\$233	\$251	\$235	\$230	\$229	\$442	18.32%	92.82%
Family Home Settings	\$184	\$206	\$231	\$191	\$185	\$450	29.40%	143.36%
Hospitalization	\$168	\$118	\$1	\$0	\$352	\$0	NA	-100.00%
Non-Community-Based Residential Placement	\$329	\$281	\$281	\$541	\$573	\$544	15.74%	-5.15%
Not Available	NA	NA	NA	NA	NA	NA	NA	NA
All Categories	\$287	\$266	\$187	\$192	\$430	\$518	22.01%	20.44%

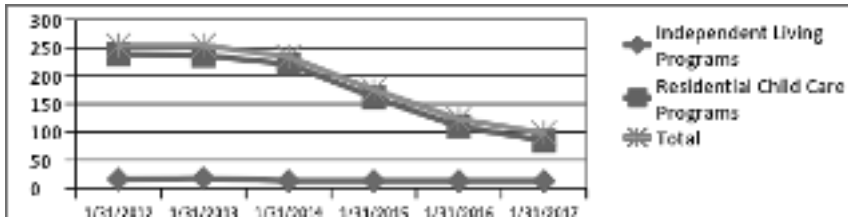
Table 65

Juvenile Services Strategies

Juvenile Services has many significant initiatives and strategies that impact the population of youth served in committed out-of-home programs. These include:

- Accountability Incentives:** In FY2016, Juvenile Services implemented the Accountability Incentives Management (AIM) system - a research-based accountability system of graduated responses to reduce the number of youth committed for violating probation. Specifically, the system was designed to reduce the occurrence of low-risk youth being committed for probation technical violations, and the continued use of in-home evidence-based programs for youth at-risk of commitment.
- Crossover Youth Practice Model and Behavioral Health Diversion Initiatives.** Juvenile Services piloted in FY2017 two promising practice models aimed at identifying and coordinating services for youth with complex needs. The Crossover Youth Practice Model identifies youth and families involved in both the child welfare and juvenile justice system, and coordinates case management and services. The Behavioral Health Diversion Initiative screens youth at Intake for mental health needs and provides specialized case management services aimed at diverting and referring to appropriate services, or to court.
- Pending Placement:** Reducing the time youth who have been committed by the juvenile court to out-of-home placement must stay in detention centers prior to placement. Interestingly, the percent of youth waiting for placement less than 30 days has increased since FY2011, going from 47.0% to 71.8% in FY2016. This is a result of continued focus on placing youth quickly, and the reduction in waiting-lists for some placement types that had slowed admissions.

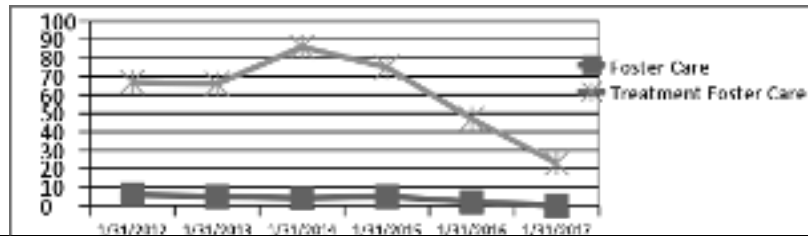
- **Risk and Needs Assessment:** Assessing youth at Intake and at Adjudication using objective assessment tools to ensure that decisions and strategies are guided by risk and needs. Assessment and treatment planning policies have been refined to better capture the specific treatment needs of each youth, and to structure and guide the placement and case management processes. The Maryland Comprehensive Assessment and Services Planning (MCASP) has been in place since FY2010 to guide case-forwarding and case-management decisions based on structured risk and needs assessments. As the Department moves forward in better assessing youth needs, in 2018, Juvenile Services will implement a newly-validated, refined MCASP risk assessment instrument. This will allow better identification of those high-risk youth most in need of more intensive services and treatments.
- **Placement Decision Process:** Restructuring the placement decision process for youth at-risk of out-of-home placement. The Multi-Disciplinary Assessment Staffing Team process – an enriched multi-disciplinary process, intended to develop comprehensive individualized plans for youth who are removed from the home, and to match youth with the right programs and services so that youth will be successful – was implemented across the State in FY2014. This process has shown initial success at moving youth more quickly through the placement decision process, thus reducing the time youth spend in detention centers prior to placement.
- **Placement Review:** Reducing the number of youth ejected to detention from a committed program, and ensuring that such youth are quickly placed into a new program. Through the Central Review Committee, youth in danger of being ejected are reviewed and, as necessary, quickly moved to ensure the security and treatment needs of the youth. This reduces the need for many youth to be sent back to detention pending a court hearing and can reduce time in detention for youth that have been ejected. The process helps to manage youth who are at risk of being ejected from an in-State committed program (who are often at-risk of being placed out-of-State) and has allowed more youth to remain in Maryland programs.
- **Family Engagement:** Juvenile Services is also helping to strengthen families involved in the juvenile justice system through targeted efforts by its Office of Family Engagement. Families of committed youth are increasingly involved in planning at each step of the process, from placement through discharge planning and aftercare.
- **Re-Entry Strategic Plan:** Juvenile Services continues to implement and improve the re-entry process for Maryland youth. This initiative has increased the level of planning and focus on youth who are scheduled to be released from committed programs, insuring that plans are in place for each youth to ensure continued behavioral and somatic health services, school re-enrollment (or job-readiness), and family engagement.



Juvenile Services Community-Based Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Independent Living Programs	16	18	13	13	13	13	-3.06%	0.00%
Residential Child Care Programs	238	236	221	162	110	85	-17.74%	-53.06%
Personal Supports	0	0	0	0	0	0	NA	NA
Living Arrangement – Community-Based	0	0	0	0	0	0	NA	NA
Total	254	254	234	175	123	98	-16.63%	-20.33%

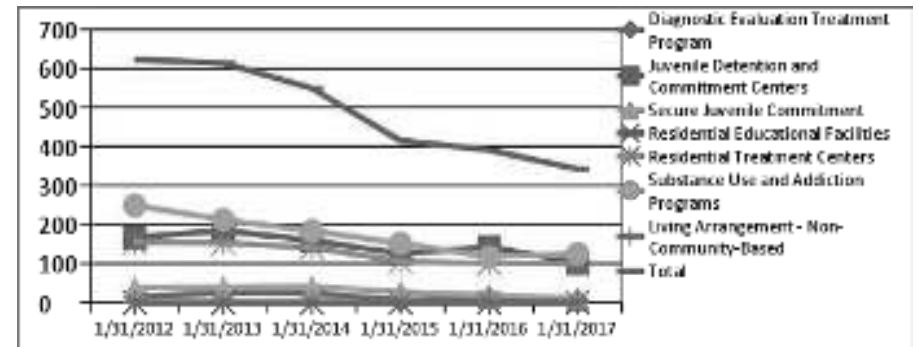
Table 66



Juvenile Services Family Home Settings Placement Trends

Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Adoptive Care	0	0	0	0	0	0	NA	NA
Foster Care	6	5	4	5	2	0	-34.33%	-100.00%
Formal Relative (Kinship) Care	0	0	0	0	0	0	NA	NA
Restrictive Relative (Kinship) Care	0	0	0	0	0	0	NA	NA
Treatment Foster Care	67	66	86	75	47	23	-14.48%	-51.06%
Living Arrangement - Family Home	0	0	0	0	0	0	NA	NA
Total	73	71	90	80	49	23	-15.78%	-53.06%

Table 67



Juvenile Services Non-Community Placement Trends

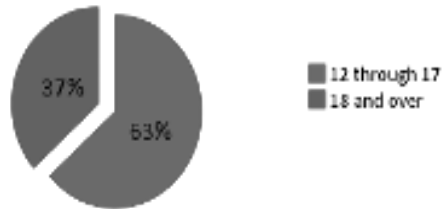
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	14	25	24	6	13	5	10.94%	-61.54%
Juvenile Commitment Programs	167	185	159	125	142	102	-7.85%	-28.17%
Secure Juvenile Commitment	38	39	41	27	18	11	-19.72%	-38.89%
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	155	153	141	105	101	99	-8.09%	-1.98%
Substance Use and Addiction Programs	249	212	184	152	117	125	-12.33%	6.84%
Living Arrangement - Non-Community-Based	0	0	0	0	0	0	NA	NA
Total	623	614	549	415	391	342	-10.95%	-12.53%

Table 68



Juvenile Services Family Home Settings Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	0	1	1	0	0	0	NA	NA
12 through 17	33	34	46	40	28	14	-10.94%	-50.00%
18 and over	40	36	43	40	21	9	-20.44%	-57.14%
Total	73	71	90	80	49	23	-15.78%	-53.06%

Table 69



Juvenile Services Community-Based Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	0	0	0	0	0	0	NA	NA
12 through 17	196	195	162	121	78	62	-19.76%	-20.51%
18 and over	58	59	72	54	45	36	-7.58%	-20.00%
Total	254	254	234	175	123	98	-16.63%	-20.33%

Table 70



Juvenile Services Non-Community-Based Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	1	3	1	1	0	0	NA	NA
12 through 17	488	482	435	328	275	266	-11.00%	-3.27%
18 and over	134	129	113	86	64	76	-9.37%	18.75%
Total	623	614	549	415	339	342	-10.77%	0.88%

Table 71



Juvenile Services Family Home Settings Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	52	54	62	50	28	14	-18.94%	-50.00%
Female	21	17	28	30	21	9	-6.87%	-57.14%
Unknown	0	0	0	0	0	0	NA	NA
Total	73	71	90	80	49	23	-15.78%	-53.06%

Table 72



Juvenile Services Community-Based Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	197	194	183	137	100	77	-16.47%	-23.00%
Female	57	60	51	38	23	21	-16.68%	-8.70%
Unknown	0	0	0	0	0	0	NA	NA
Total	254	254	234	175	123	98	-16.63%	-20.33%

Table 73



Juvenile Services Non-Community-Based Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	565	545	490	365	348	304	-11.29%	-12.64%
Female	58	69	59	50	43	38	-7.28%	-11.63%
Unknown	0	0	0	0	0	0	NA	NA
Total	623	614	549	415	391	342	-10.95%	-12.53%

Table 74



Juvenile Services Family Home Settings Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	0	0	0	0	0	NA	NA
Black or African American	43	37	57	57	37	14	-11.43%	-62.16%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	25	31	29	19	8	6	-19.97%	-25.00%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	4	3	4	3	4	3	-1.67%	-25.00%
Unknown	1	0	0	1	0	0	NA	NA
Total	73	71	90	80	49	23	-15.78%	-53.06%

Table 75



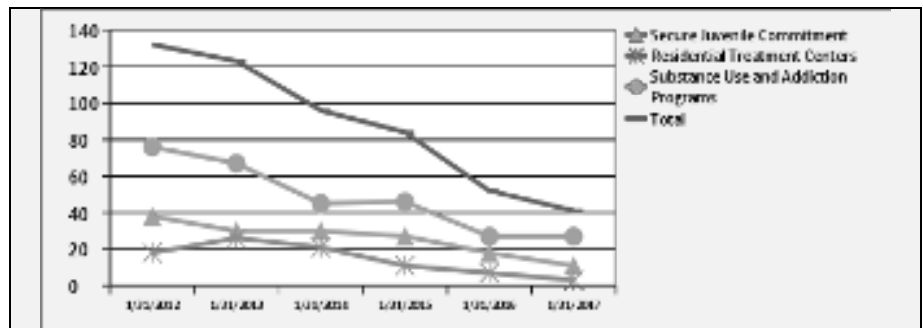
Juvenile Services Community-Based Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	2	1	0	0	1	NA	NA
Black or African American	185	168	165	115	87	64	-18.41%	-26.44%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	60	66	53	49	30	25	-14.54%	-16.67%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	9	18	15	11	6	7	5.58%	16.67%
Unknown	0	0	0	0	0	0	NA	NA
Total	254	254	234	175	123	97	-16.79%	-21.14%

Table 76



Juvenile Services Non-Community Based Settings Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	1	NA	NA
Asian	0	2	1	1	4	0	NA	-100.00%
Black or African American	450	450	399	302	283	236	-11.71%	-16.61%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	151	131	113	84	80	72	-13.48%	-10.00%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	22	31	27	27	24	31	9.21%	29.17%
Unknown	0	0	0	1	0	2	NA	NA
Total	623	614	540	415	391	342	-10.99%	-12.53%

Table 77



Juvenile Services Out-of-State Non-Community-Based Placement Trends								
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Commitment Programs	0	0	0	0	0	0	NA	NA
Secure Juvenile Commitment	38	30	30	27	18	11	-20.65%	-38.89%
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	18	26	21	11	7	3	-23.18%	-57.14%
Substance Use and Addiction Programs	76	67	45	46	27	27	-16.75%	0.00%
Living Arrangement - Non-Community-Based	0	0	0	0	0	0	NA	NA
Total	132	123	96	84	52	41	-20.10%	-21.15%

Table 78

Age



Juvenile Services Out-of-State Non-Community-Based Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	0	0	0	0	0	0	NA	NA
12 through 17	88	79	62	61	35	33	-16.34%	-5.71%
18 and over	44	44	34	23	17	8	-26.82%	-52.94%
Total	132	123	96	84	52	41	-20.10%	-21.15%

Table 79

Gender



Juvenile Services Out-of-State Non-Community-Based Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	130	117	87	77	50	38	-21.24%	-24.00%
Female	2	6	9	7	2	3	41.27%	50.00%
Unknown	0	0	0	0	0	0	NA	NA
Total	132	123	96	84	52	41	-20.10%	-21.15%

Table 80

Race



Juvenile Services Out-of-State Non-Community-Based Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	0	0	0	0	0	NA	NA
Black or African American	119	107	87	72	47	31	-22.96%	-34.04%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	8	10	6	7	2	6	26.05%	200.00%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	5	6	3	5	3	3	-0.67%	0.00%
Unknown	0	0	0	0	0	0	NA	NA
Total	132	123	96	84	52	41	-20.10%	-21.15%

Table 81

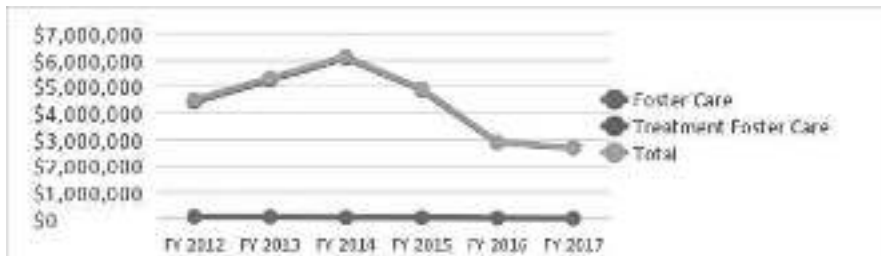


Table 82

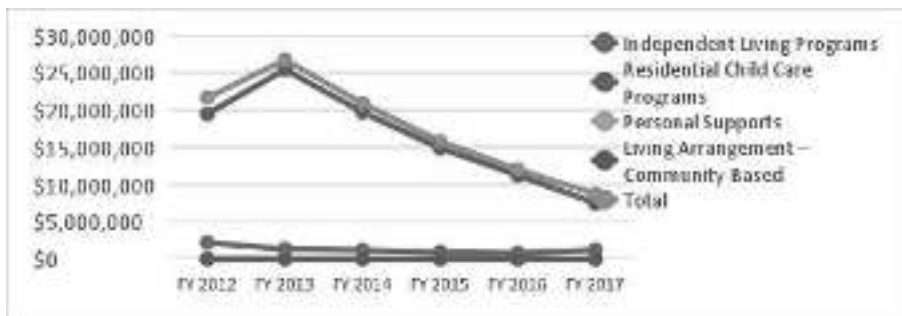


Table 83

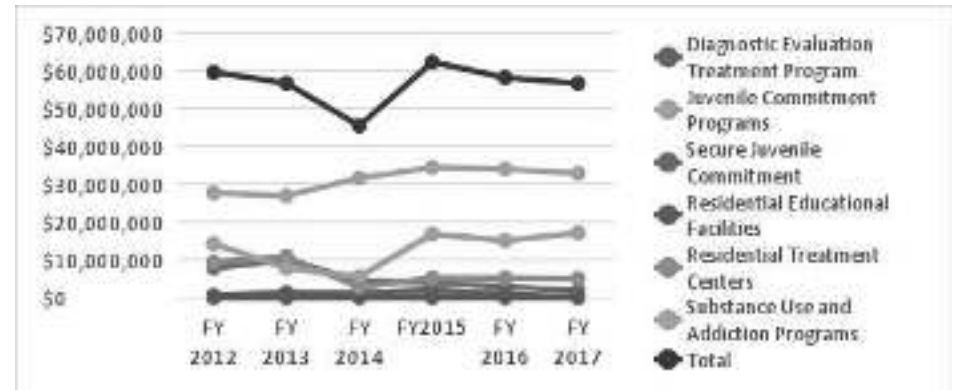
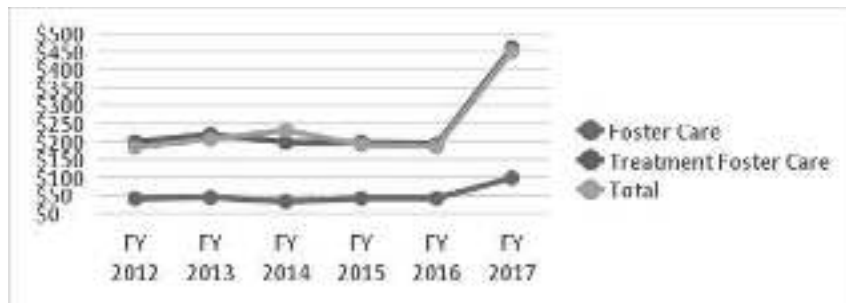
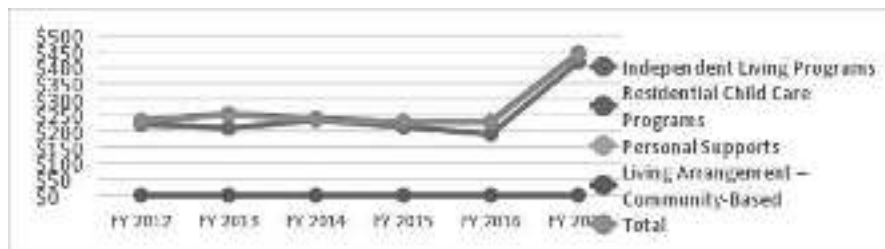


Table 84



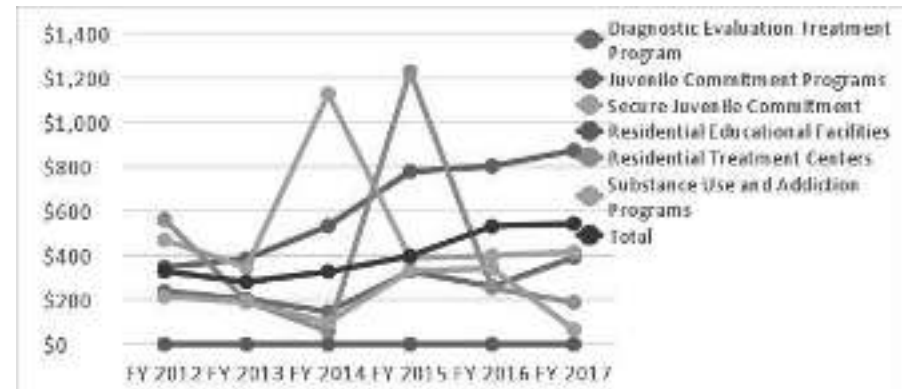
Juvenile Services Family Home Costs Per Bed-Day								
Subcategory	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Foster Care	\$41	\$44	\$33	\$42	\$42	\$98	28.75%	134.16%
Treatment Foster Care	\$198	\$219	\$198	\$198	\$192	\$460	27.55%	139.76%
Total	\$184	\$206	\$231	\$191	\$185	\$450	29.40%	143.36%

Table 85



Juvenile Services Community-Based Costs Per Bed-Day								
Subcategory	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	Average Change	Last Year Change
Independent Living Programs	\$491	\$223	\$210	\$235	\$214	\$191	-14.8%	-10.7%
Residential Child Care Programs	\$210	\$234	\$254	\$240	\$231	\$231	3.7%	0.1%
Personal Supports	\$0	\$0	\$0	\$0	\$0	\$0	NA	NA
Living Arrangement - Community-Based	\$0	\$0	\$0	\$0	\$0	\$0	NA	NA
Total	\$225	\$233	\$251	\$235	\$230	\$228	1.0%	-0.8%

Table 86



Juvenile Services Non-Community Based Costs Per Bed-Day								
Subcategory	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	\$205	\$238	\$203	\$147	\$328	\$260	15.3%	-20.6%
Juvenile Commitment Programs	\$380	\$347	\$384	\$533	\$778	\$802	18.0%	3.1%
Secure Juvenile Commitment	\$471	\$470	\$347	\$1,127	\$389	\$399	27.1%	2.6%
Residential Educational Facilities	\$0	\$0	\$0	\$0	\$0	\$0	NA	NA
Residential Treatment Centers	\$161	\$562	\$195	\$58	\$1,228	\$253	410.3%	-79.4%
Substance Use and Addiction Programs	\$118	\$216	\$190	\$99	\$332	\$341	52.2%	2.6%
Total	\$243	\$329	\$281	\$327	\$397	\$531	18.5%	33.7%

Table 87

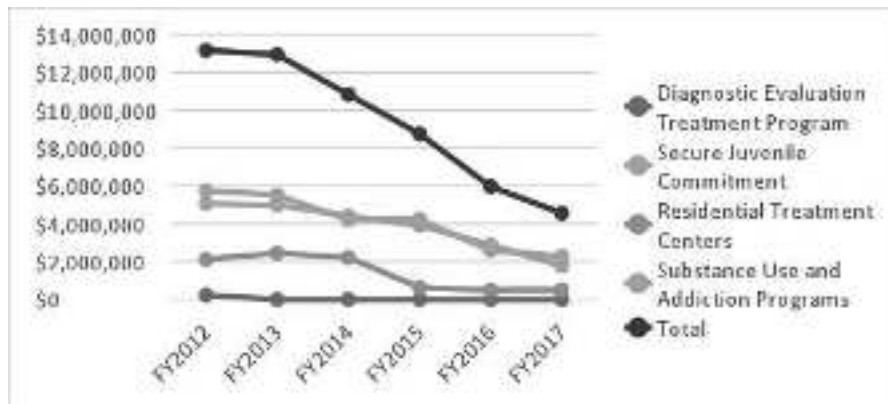


Table 88

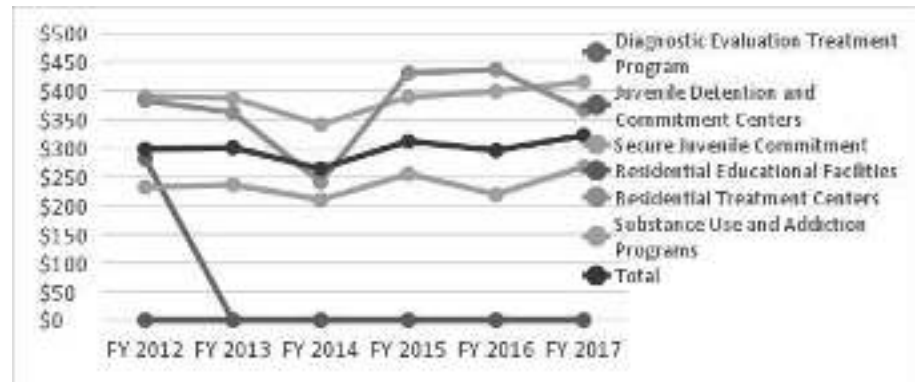


Table 89

Developmental Disabilities Administration Summary

The Developmental Disabilities Administration (Developmental Disabilities) is committed to supporting families. The Administration, a participant in the National Community of Practice, recognizes that people with developmental disabilities exist with family. Family systems make up the core of our society and serve as a source of support for all its members.

Families play a unique and critical role in supporting their family members with intellectual and developmental disabilities across the lifespan. They often provide day-to-day care, and are responsible for finding and providing opportunities for their family members to participate meaningfully in the community. In addition, families regularly provide medical, behavioral, financial, and other daily supports beyond what is customary. Families are instrumental in supporting their family members to access and engage a self-determined life. Low cost in-home services support the needs of both people with intellectual and developmental disabilities and their families and may reduce the need for costlier out-of-home placements

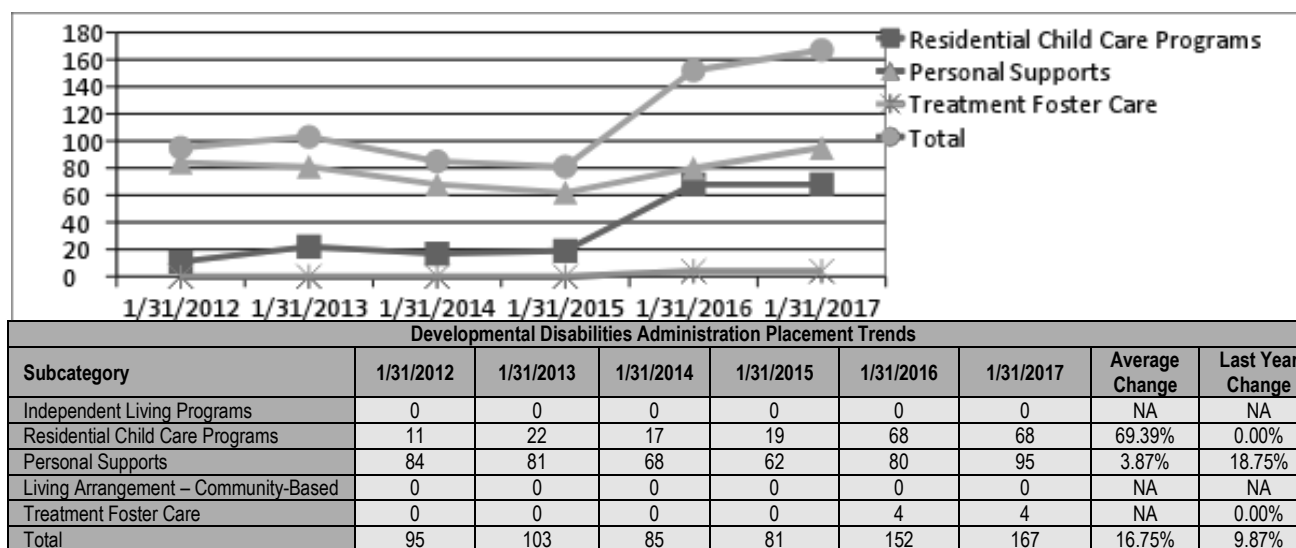


Table 90

Developmental Disabilities Administration 2017 Data Highlights

Developmental Disabilities works closely with the Departments of Education and Human Services in early identification of the youth who will be transitioning to the adult system, allowing time to locate appropriate adult placements. There are times when a youth, not connected with any State agency, needs service. Youth diagnosed with intellectual and developmental disabilities who are in crisis may receive Administration-funded residential services.

Developmental Disabilities collaborates with both Human Resources and Education to find qualified providers to meet the needs of the youth that require support. There are times when other agencies can fund the services, but no provider can be located. Developmental Disabilities has worked with those agencies to locate an appropriate licensed children's

provider. For youth age 18 years and older, Developmental Disabilities has made exceptions so that youth could move into adult community placements rather than go to an out-of-State placement under other State agencies or have multiple in-State moves prior to age 21.

Development Disabilities Administration Demographics

Table 96 shows that while Developmental Disabilities funded a total of 167 children, according to data, 119 of these individuals (73%) were in the age range of 18-21 years. Developmental Disabilities has funded youth in the 18- to 21-year range in Developmental Disabilities adult programs with special exceptions to best meet the needs of the youth. Youth identified as eligible and in need of a placement after the age of 18 are not served by Department of Human Services if they were not known to Human Services prior to age 18. Human Services reaches out to Developmental Disabilities for funding and services for these individuals.

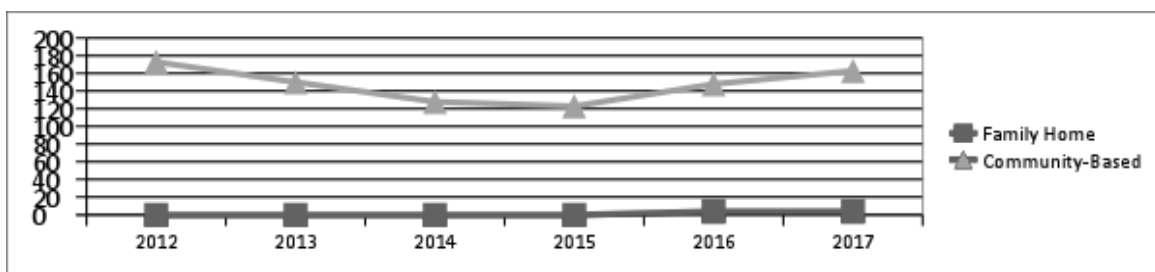
Table 91 shows that in FY2017, Developmental Disabilities provided funding for out-of-home services to a total of 167 children: 68 children in Developmental Disabilities residential services, 95 in Personal Supports (previously called Community Supported Living Arrangements) and four (4) in treatment foster care (also called Shared Living), which is considered the family home in this Report. The overall change from FY2016 is a 9.87% increase. This is somewhat of a misnomer as Personal Supports are usually provided in the family home, but they are categorized in this Report as a Community-Based out-of-home program. Developmental Disabilities does not currently have the ability to easily track which Personal Supports are provided in the child's family home versus those provided in an out-of-home setting. Personal Supports are often used to supplement other funded services. For example, a child in an Education-funded residential school placement who goes home on holidays may need support during the time that they are home, and Developmental Disabilities will fund those services. Shared Living in this report is considered as a family home placement. However, while services are provided in a family home, it is not the child's natural home but a paid placement.

Residential services provided by Developmental Disabilities licensed providers include Group Homes and Alternative Living Units, as well as Personal Supports and Shared Living. Group Homes are residences owned, leased, or operated by a Developmental Disabilities licensee that provide specialized residential services to four (4) individuals diagnosed with intellectual and developmental disabilities. Alternative Living Units are residences owned or leased by Developmental Disabilities licensees that provide specialized residential services to no more than three (3) individuals diagnosed with intellectual and developmental disabilities. Personal Supports are services designed to provide regular personal assistance, support, supervision, and training to assist the individual in full participation in their home and community life. Shared Living is a living arrangement similar to treatment foster care. It emphasizes the long term sharing of lives, forming of caring households, and close personal relationships between a participant and support person(s).

As indicated in Table 92, the total number of placements at the start of each fiscal year has increased 37.72% over the past three years. The number of new placements in Developmental Disabilities services from FY2016 to FY2017 increased by 9.43%. The total number of

placements by Developmental Disabilities in out-of-home placements indicated in Table 92 for FY2017 was 335, 10.56% higher than in FY2016. It should be noted that this table shows the number of placements and not the number of children. Often a child will have multiple placements due to hospitalization, reunification, or a move to a new setting.

Of the 167 children receiving Developmental Disabilities-funded services on January 31, 2017, all but five (5) were placed in their local jurisdiction. Of the five children who were not placed in their local jurisdiction, one was from Baltimore City and placed in Baltimore County, one from Kent Count was placed in Baltimore City, one from Washington County was placed in Baltimore City, and two from Frederick County were placed in Montgomery County. Jurisdictions with larger percentages of children in out-of-home placements are consistent with the population of those jurisdictions as shown in Table 93. Developmental Disabilities works to ensure that children remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of out-of-home placement.



Developmental Disabilities Administration Total Served								
Subcategory	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Family Home	0	0	0	0	4	4	NA	0.00%
Community-Based	173	150	128	123	148	163	-0.28%	10.14%
Total	173	150	128	123	152	167	0.32%	9.87%

Table 91

Developmental Disabilities Administration Population Flow					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	102	48	150	28	122
2014	92	36	128	27	101
2015	88	35	123	29	94
2016	144	159	303	54	249
2017	161	174	335	66	269
Three-Year Change	37.72%	181.86%	78.45%	54.21%	86.46%
Average Yearly Change	15.32%	83.99%	34.58%	28.07%	37.20%
Recent Year Change	11.81%	9.43%	10.56%	22.22%	8.03%

Table 92

Developmental Disabilities Administration Placement by Jurisdiction																											
Home Jurisdiction of Children	Jurisdiction Where Children Are Placed																										
	Unknown- Out-of-State	Worcester	Wicomico	Washington	Talbot	St. Mary's	Somerset	Queen Anne's	Prince Georges	Montgomery	Kent	Howard	Harford	Garrett	Frederick	Dorchester	Charles	Cecil	Carroll	Caroline	Calvert	Baltimore City	Baltimore	Anne Arundel	Allegany	% of children Statewide in placements from jurisdiction	# children from jurisdiction in placement
Allegany	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1.20%	2
Anne Arundel	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1.20%	2
Baltimore	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41	0	24.55%	41	
Baltimore City	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1.20%	2	
Calvert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	2.99%	5	
Caroline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Carroll	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	5.39%	9	
Cecil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Charles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1.20%	2	
Dorchester	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Frederick	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	5	0	0	0	0	0	0	0	0	2.67%	7	
Garrett	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Harford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Howard	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	4.20%	10	
Kent	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	1	0	0	2.99%	5	
Montgomery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.79%	49	
Prince George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0	0	8.98%	15	
Queen Anne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.38%	0	
Somerset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.60%	1	
St. Mary's	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.15%	2	
Talbot	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.60%	1	
Washington	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3.44%	8	
Wicomico	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.59%	6	
Worcester	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.15%	0	
Out-of-State	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	
Grand Total	0	0	0	0	1	2	1	0	0	15	51	5	9	0	0	5	2	0	0	9	0	3	42	2	2	100%	167
% of children from jurisdiction			100.00%	100.00%	97.62%	33.33%	100.00%	NA	100.00%	NA	100.00%	0.00%	100.00%	NA	NA	100.00%	100.00%	NA	100.00%	NA	100.00%	100.00%	100.00%	100.00%	NA	0.00%	0.00%
% children Statewide in all			1.20%	1.91%	25.15%	1.80%	2.99%	0.00%	5.39%	0.00%	1.20%	0.00%	5.39%	0.00%	0.00%	17.18%	0.00%	0.00%	0.00%	0.00%	0.60%	1.20%	0.60%	4.19%	0.38%	0.00%	0.00%

Table 93

Developmental Disabilities Administration Costs

While Developmental Disabilities' cost per bed day for Treatment Foster Care (Shared Living) increased in the past year, it is still less costly than providing residential services. Residential services decreased slightly over the past year but are still the largest portion of Developmental Disabilities costs reflected in this Report. Over the past six years, Personal Supports remains the more cost-effective model for providing services.

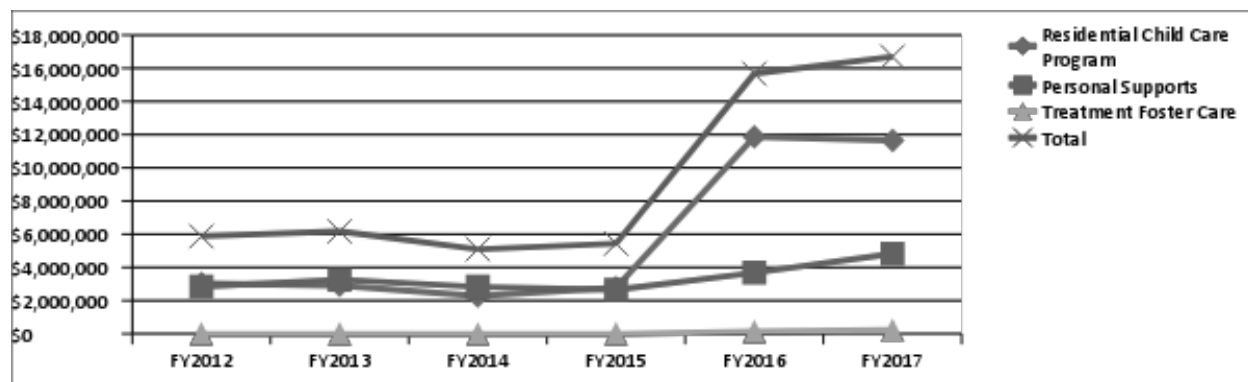


Table 94

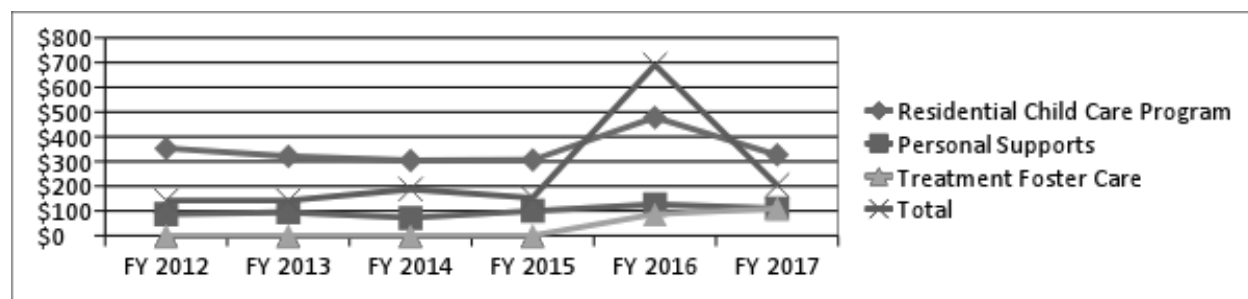


Table 95

Developmental Disabilities Administration Strategies

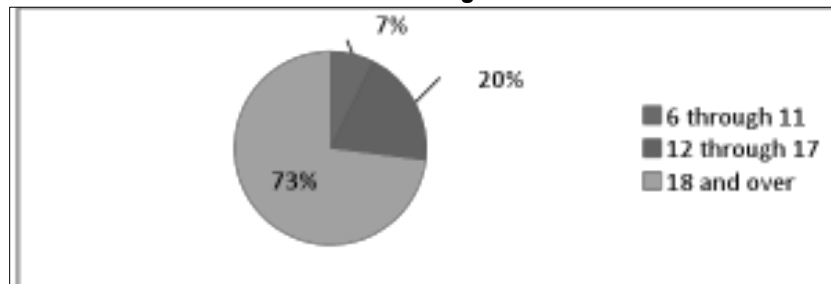
One challenge to the Developmental Disabilities system continues to be the identification and support of children between the ages of 18 and 21 who are aging-out of other support systems and State Agencies. It is critical to identify these children early to allow for thorough and effective transition planning. Incompatible data systems between State administrations and confidentiality issues create barriers to the process. Developmental Disabilities continues to participate in efforts to improve communication and collaboration through interagency and intra-agency boards, coordinating councils, committees, and task forces at State and local levels to identify children earlier, allowing for a smoother transition to adult services.

Another challenge to Developmental Disabilities is the availability of low-cost supports and services to meet the needs of families before the needs become critical, forcing parents into a Voluntary Placement Agreement with Human Services, hospitalization, or even complete abandonment, requiring costly out-of-home residential services. Based on knowledge of this challenge, Developmental Disabilities submitted applications to the Centers for Medicare and Medicaid Services for two new waivers to support families and people with disabilities. The Family Support waiver will allow Developmental Disabilities to fund low-cost (\$12,000 annual cap) services to support families through the challenges that they might face with their child with disabilities.

In addition, through the Local Care Team process, Developmental Disabilities will continue to work with community resources and other State agencies to enable children to remain in their homes. Developmental Disabilities works in conjunction with other State and local agencies to assess the community's capacity to meet the ongoing needs of children with intellectual and developmental disabilities and their families. Ongoing needs may include medical or behavioral services, specialized childcare, respite, and supports for siblings and caregivers.

Developmental Disabilities will continue to explore the development of resources that will allow families to support their children with disabilities in their homes. Developmental Disabilities remains committed to focusing on supporting families and will continue to enhance the support of families through the National Community of Practice for Supporting Families.

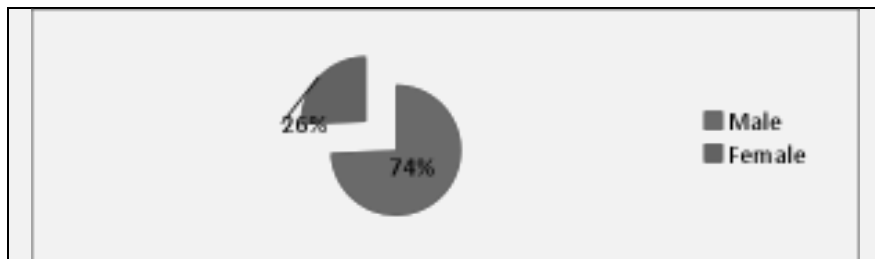
Age



Developmental Disabilities Administration Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	6	10	6	9	5	12	34.44%	140.00%
12 through 17	37	30	28	21	18	36	2.58%	77.78%
18 and over	52	63	51	51	129	119	29.46%	-31.61%
Total	95	103	85	81	152	167	16.23%	7.24%

Table 96

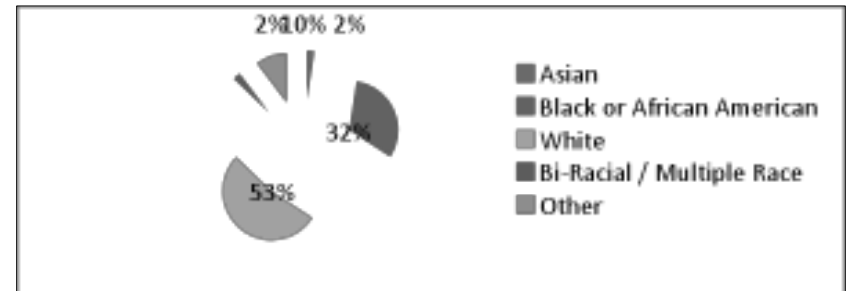
Gender



Developmental Disabilities Administration Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	62	67	54	51	107	124	21.76%	15.89%
Female	33	36	31	30	45	43	7.51%	-4.44%
Unknown	0	0	0	0	0	0	NA	NA
Total	95	103	85	81	152	167	16.75%	9.87%

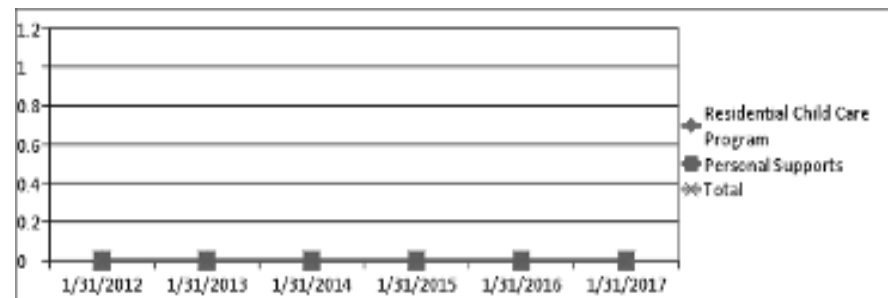
Table 97

Race



Developmental Disabilities Administration Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	1	2	3	3	6	4	43.33%	-33.33%
Black or African American	21	31	26	26	65	52	32.30%	15.89%
Native Hawaiian / Pacific	0	0	0	0	0	0	21.76%	NA
White	28	35	31	34	59	87	28.85%	47.46%
Bi-Racial / Multiple Race	1	2	2	2	1	4	70.00%	300.00%
Other	25	24	19	13	18	17	21.76%	15.89%
Unknown	19	9	4	3	3	3	-26.64%	0.00%
Total	95	103	85	81	152	167	16.75%	15.89%

Table 98



Developmental Disabilities Administration Out-of-State Placements								
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Residential Child Care Program	0	0	0	0	0	0	NA	NA
Personal Supports	0	0	0	0	0	0	NA	NA
Living Arrangement - Community-Based	0	0	0	0	0	0	NA	NA
Total	0	0	0	0	0	0	NA	NA

Table 99

Behavioral Health Administration Summary

The Department of Health has two types of out-of-home placements for children, adolescents, and young adults available through its Behavioral Health Administration (Behavioral Health). For those diagnosed with Serious Emotional Disability or a mental disorder who cannot be safely treated in the community, a Psychiatric Residential Treatment Facility placement may be medically-appropriate. Those with a substance-use related disorder requiring the intensity of residential treatment may be referred to facilities called substance use and addiction programs.

All out-of-home placements processed through the Department of Health's Behavioral Health Administration are funded through Medicaid, a State and federal dollar match, often called "Medical Assistance" in Maryland. This is the only funding available to Behavioral Health.

A Psychiatric Residential Treatment Facility is a federally-defined residential treatment setting, often called a Residential Treatment Center in Maryland and elsewhere. Residential Treatment Centers provide intensive supervision and behavioral health treatment to children who meet "medical necessity criteria" because of their high level of need requiring treatment not available in other types of community placements and outpatient treatment. Residential Treatment Center placements are classified as medical treatment and this treatment is funded through Medicaid which covers the costs of the behavioral health treatment. However, Medicaid does not cover the costs of the education provided to children while they are in a Residential Treatment Center.

It is important to note the data for Residential Treatment Centers includes all residential treatment placements paid through Medicaid – a Department of Health program – regardless of which State agency actually arranges and has responsibility for the placement. Behavioral Health only places a small number (<2%) of children in Residential Treatment Centers through local Core Service Agency offices. The Department of Human Services, through their local departments of social services, and Juvenile Services, through their local offices, arrange and monitor the vast majority of Residential Treatment Center placements. Since youth committed to Human Services and Juvenile Services receive Medicaid, this is used for the majority of out-of-home placements.

In the 2000s, Behavioral Health began implementing a "wraparound" model of service delivery for community-based care in which specialized services are added to the conventional outpatient mental health service array and delivered in the community where the child is living. This model was piloted in Maryland through a federal grant and a 1915(c) federal demonstration waiver between 2009 and 2012.

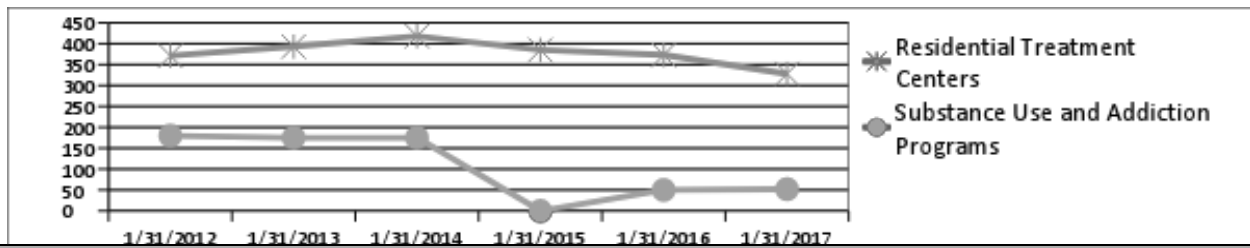
In FY2015, Behavioral Health began the implementation of a 1915(i) Medicaid State Plan Amendment program to provide additional capacity for wraparound services in the community to children and their families on an ongoing basis. Along with other community wraparound programs, these initiatives have been reducing the number of out-of-home placements.

Behavioral Health, in partnership with its Administrative Services Organization, Beacon Health Options, is also monitoring the lengths of stay of children in Residential Treatment Centers to ensure youth do not remain in this level of care longer than medically necessary.

Substance use and addiction programs are short-term (28 day) intensive residential treatment services focusing on the acute needs of an individual recovering from substance use. These programs include detoxification, behavioral counseling, medication when indicated, evaluation and referrals to treatment for co-occurring mental health issues such as depression and anxiety. Because substance use problems are chronic, an individual who has completed substance use treatment is referred to an array of outpatient services to continue his or her recovery plan.

Adolescents and young adults whose use of substances require residential treatment are monitored through the criteria of the American Society of Addiction Medicine. These criteria are used as guidelines for placement, continued stay, and discharge of individuals with addiction and co-occurring conditions. These residential “Level III Intermediate Care” services are covered by Medicaid for individuals under age 21. Because of the short-term nature of this treatment, arranging for educational services in a substance use program is not problematic.

Funding of substance use placements recently changed. In FY2014 and before, substance use placements were all federal grant funded. Conversion from grant to Medicaid fee-for-service funding was expected to begin in FY2015. However, funding for the software tracking federal grant funded placements in Maryland was abruptly discontinued in the first half of FY2015 and tracking by the Behavioral Health’s Administrative Services Organization began to be phased-in during the second half of FY2016. Data from these two sources were incompatible, so no substance use data is available for FY2015. Data from Administrative Services Organization tracking continues to be phased in and may be completed in FY2018.

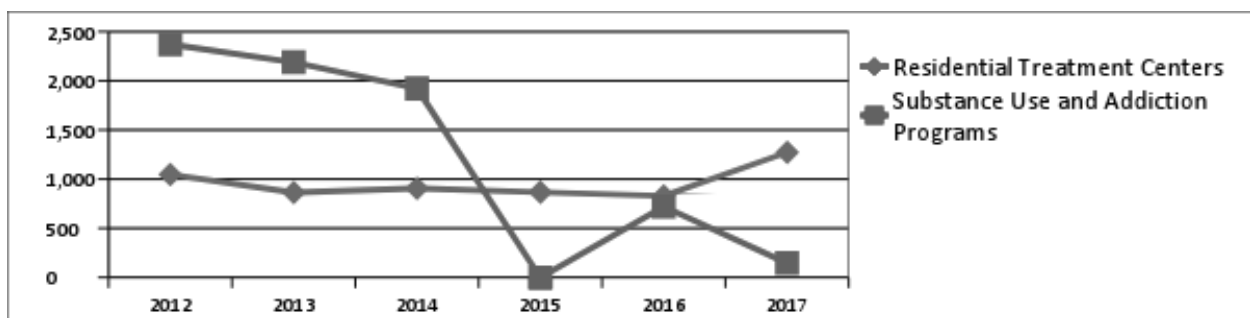


Behavioral Health Placement Trends								
Subcategory	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Commitment Programs	0	0	0	0	0	0	NA	NA
Secure Juvenile Commitment	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	371	393	418	385	373	328	-4.2%	-12.1%
Substance Use and Addiction Programs	180	175	175	NA	50	52	NA	4.0%
Living Arrangement - Non-Community-Based	0	0	0	0	0	0	NA	NA

Table 100

Table 100 shows the “one-day census” of youth in Residential Treatment Center and substance use behavioral health placements during FY2107 and the previous five fiscal years on January 31.

As noted earlier, substance use data for FY2015 is not available and the number of youth served in substance use programs during FY2016-FY2017 underestimates these services by an unknown amount because phase-in of Medicaid billing for substance use services has not been completed. This means all the substance use treatment data since FY2014 are incomplete, representing a growing, but unknown, fraction of these placements. The substance use service data will not be complete until all consumers are transferred from grant coverage to Medicaid reimbursement. The final transfers to Medicaid fee-for-service are scheduled to be in place for FY2019.



Behavioral Health Total Served								
	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Residential Treatment Centers	1,046	863	907	867	828	1,272	6.46%	53.62%
Substance Use and Addiction Programs	2,370	2,188	1,922	NA	720	145	NA	-79.86%

Table 101

Table 101 represents the total number of youth who received services in a Residential Treatment Center or substance use program during *any part* of FY2017 and the five previous

fiscal years. As noted earlier, FY2015 substance use data is not available and the total number of youth served in substance use programs FY2016-FY2017 is underestimated by an unknown amount due to the incomplete phase-in of Medicaid billing for substance use services starting mid-FY2016. As in Table 100, this means all substance use service data since FY2014 are incomplete. The substance use service data will not be complete until all consumers are transferred from grant coverage to Medicaid. The final transfers to Medicaid fee-for-service are scheduled to be in place for FY2019.

Behavioral Health Placement Population Flow (Placements, Not Children)					
Residential Treatment Centers					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	407	456	863	496	367
2014	401	480	881	477	404
2015	432	435	867	529	338
2016	NA	NA	828	NA	NA
2017	337	935	1,272	1,027	245
Three-Year Change	NA	NA	24.56%	NA	NA
Average Yearly Change	NA	NA	12.41%	NA	NA
Recent Year Change	NA	NA	53.62%	NA	NA
Substance Use and Addiction Programs					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	180	2,008	2,188	2,012	176
2014	181	1,741	1,922	1,626	246
2015	NA	NA	NA	NA	NA
2016	NA	NA	720	NA	NA
2017	64	81	145	86	59
Three-Year Change	NA	NA	NA	NA	NA
Average Yearly Change	NA	NA	NA	NA	NA
Recent Year Change	NA	NA	-79.86%	NA	NA

Table 102

Table 102 “Population Flow” is the total number of Behavioral Health placements and placement changes in a fiscal year. It should be noted some youth may have had more than one placement or placement change during a particular fiscal year. The data for Residential Treatment Center placements (1) at the start of FY2016, (2) new placements during FY2016, (3) placement exits in FY2016 and (4) placements at the end of FY2016 are not available for reasons which have not been specified. Because of the absence of this data, it is not possible to estimate the “three-year,” “average yearly” and “recent year” change for FY2017, except for the “total served” in Residential Treatment Center placements. All the numbers for Substance Use and Addictions Programs in Table 102 are approximate including FY2013 and FY2014. This is due to the loss of all FY2015 substance use service data and the unknown percentages of underestimates of the substance use service data in FY2016 and FY2017. As already noted in Tables 100 and 101, this means all substance use service data tabulated since FY2014 are incomplete. The substance use service data will not be complete until all consumers are transferred from grant coverage to Medicaid. The final transfers to Medicaid fee-for-service are scheduled to be in place for FY2019.

Behavioral Health Administration Five-Year Trends

In looking at the five-year trends, the gradual decline in the number of out-of-home Residential Treatment Center placements continues as shown in Table 100. This has been the goal of Behavioral Health, Human Services, and Juvenile Services at least since the annual report on out-of-home placements was initiated. There have been many wraparound behavioral health community initiatives developed in the last several years which have allowed a growing number of youth to be served in their homes.

This continuing decline in residential treatment placements is not immediately apparent in Table 101 which shows a 53.62% increase in Total Served from FY2016 to FY2017. One must consider Table 101 represents Total Placements during FY2017, not total number of individual children placed. In fact, the increase from FY2016 to FY2017 is an artifact of an unprecedented situation with Maryland Residential Treatment Centers in FY 2017. For a variety of reasons, three of the ten Residential Treatment Centers in Maryland closed during FY2017. This was a loss of approximately 150 Residential Treatment Center beds involving many children whose residential treatment was interrupted, requiring their transfer to another Residential Treatment Center and sometimes a second transfer. This resulted in over 150 “new” placements above and beyond the normal “total placements” within a fiscal year, inflating FY2017 numbers.

In the case of the substance use treatment numbers, the decline in substance use placements reported in Tables 100, 101, and 102 are also due artifacts in the data. In both one-day census numbers and Total Served, the FY2015 zero data point represents data lost due to unintended consequences from decisions on how substance use data was tracked, not an absence of services.

The indication of lower levels of services in FY2016 and FY2017, compared to FY2014 and before, reflects the gradual transfer in funding for residential substance use treatment from federal block grant funding to reimbursement through Maryland Medicaid fee-for service billing. This ongoing transfer of funding for substance use treatment services creates a situation where these services are consistently undercounted by an unknown, but presumably gradually, declining percentage. All the substance use treatment numbers will remain inaccurate for FY2016 through FY2018.

Behavioral Health Placement By Jurisdiction																												
	Jurisdiction Where Children Were Placed																											
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
	4	1%	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	20	5%	0	1	1	17	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	68	18%	0	0	14	47	0	0	0	0	0	0	5	0	0	0	0	2	0	0	0	0	0	0	0	0	0	
	51	13%	0	0	18	30	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	
	7	2%	0	0	0	6	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4	1%	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	7	2%	0	0	0	6	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10	3%	0	0	1	8	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	10	3%	0	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
	6	2%	1	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	29	8%	0	0	1	7	0	0	0	0	0	0	17	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0
	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	16	4%	0	0	3	11	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10	3%	0	0	1	8	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3	1%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0
	62	16%	1	0	9	12	0	0	0	0	0	0	6	0	0	0	0	0	34	0	0	0	0	0	0	0	0	0
	30	8%	0	0	9	17	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3	1%	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	3%	0	0	1	8	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
1	0%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12	3%	1	0	0	3	0	0	0	0	0	0	0	7	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
8	2%	2	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	1%	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5	1%	0	0	1	2	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	
0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	380	100%	7	1	67	205	0	1	0	0	0	0	46	0	1	0	2	49	1	0	0	0	0	0	0	0	0	
% of children from jurisdiction			0%	5%	21%	59%	0%	25%	0%	0%	0%	0%	59%	NA	0%	0%	67%	55%	0%	NA	0%	0%	0%	0%	0%	0%	0%	NA
% children Statewide in all			2%	0%	18%	54%	0%	0%	0%	0%	0%	0%	12%	0%	0%	0%	1%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

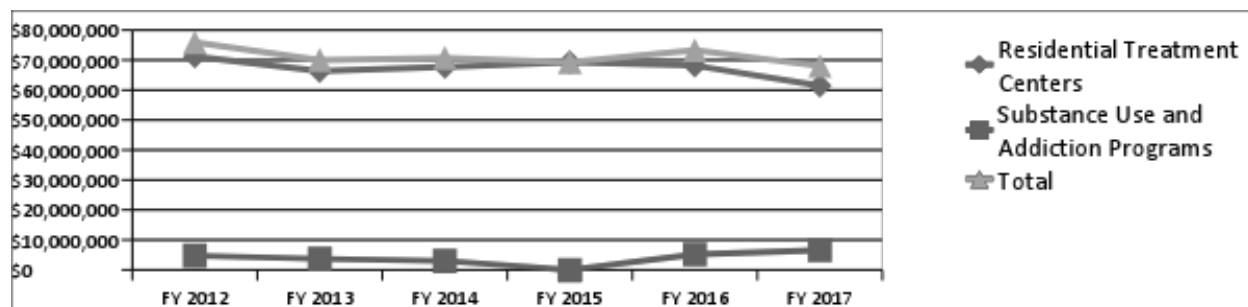
Table 103

Table 103 shows Behavioral Health placements from each jurisdiction to each jurisdiction on the one-day census of January 31, 2017. The numbers from each jurisdiction (table rows) roughly correspond to jurisdiction population as may be expected. The jurisdictions where children were placed in Residential Treatment Centers (table columns) are not evenly distributed throughout Maryland, nor are the Substance Use and Addiction Programs.

As noted above, three Residential Treatment Centers closed during FY2017. Currently, there are seven residential treatment centers in Maryland - three in Baltimore City, two in Baltimore County, one in Montgomery County, and one in Frederick County. The substance programs are also not distributed evenly throughout the State, but these include Allegany, Anne Arundel, Charles, and Wicomico Counties where youth were admitted to substance use services during FY2017.

Although placement within (or near) a youth's jurisdiction is one factor considered in placing a child in a Residential Treatment Center, the primary determinants are the youth's treatment needs (not all Residential Treatment Centers offer the same services) and whether a particular program has a vacancy at the time of referral or anticipates one within a reasonable time frame. Finally, each individual center determines which youth will be admitted, also considering the child's needs, programs, and vacancy constraints at the time of admission.

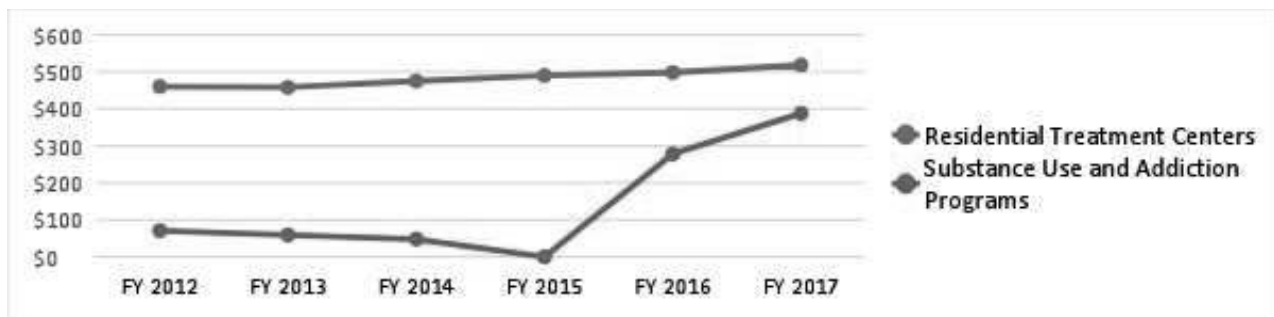
Table 103 includes five (5) youth placed out-of-State. All five (5) were in out-of-State placements at the beginning of FY2017. Trends in out-of-State Residential Treatment Center placements are presented in Table 109 (addendum).



Behavioral Health Cost Data								
Subcategory	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Residential Treatment Centers	\$71,180,664	\$66,348,547	\$67,700,710	\$69,286,039	\$68,162,151	\$60,723,893	-2.99%	-10.91%
Substance Use and Addiction Programs	\$4,739,245	\$3,676,839	\$3,003,888	NA	\$5,135,921	\$6,539,144	NA	27.32%
Total	\$75,919,909	\$70,025,386	\$70,704,598	\$69,286,039	\$73,298,072	\$67,263,037	-2.25%	-8.23%

Table 104

Table 104 shows the total costs of Residential Treatment Center and substance use placements in FY2017 and the previous five years, both separately and together (Total).



Subcategory	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	Average Change	Last Year Change
Residential Treatment Centers	\$460	\$458	\$475	\$490	\$498	\$518	2.43%	4.08%
Substance Use and Addiction Programs	\$71	\$59	\$48	NA	\$278	\$388	NA	39.47%

Table 105

Table 105 shows costs of Residential Treatment Center placements and substance use placements as a per diem (bed-day) cost. [Note: FY2015 substance use data is missing and is not zero dollars.]

The cost of Residential Treatment Center treatment is by far the larger factor in the Behavioral Health Administration's costs in out-of-home placements due to the complexity and length and expense of residential treatment center care. There have been modest increases in recent years.

Youth who are placed in Residential Treatment Centers have the most severe behavioral health needs and require 24-hour multidisciplinary care and supervision for extended periods of time. There are relatively few youth referred to Residential Treatment Centers, but children may spend a year or more in intensive residential treatment.

Total Residential Treatment Center costs vary by the number of youth who are placed, by specific placement since programs can receive different levels of reimbursement depending on types of services rendered, and overall Residential Treatment Center program costs can vary year to year. Bed-day costs also vary but these costs are the average for all children's treatment across all Residential Treatment Center placements, in-State and out-of-State, utilized in a given fiscal year.

In contrast, substance treatment programs are 28-day programs focused on treating proximal factors contributing to substance use prior to referrals to outpatient programs to continue the individual's treatment for substance use problems and continue to progress in their recovery.

Many more individuals are referred for substance use programs than to Residential Treatment Centers (a factor of two to three times as many). Total substance use program costs are less because staffing requirements are less complex for substance use placements compared to the residential treatment centers. The clear disparity in bed-day substance use treatment costs in FY2016-FY2017 compared to those from FY2012-FY2014 is the result of differences in calculating costs during federal grant funding to reimbursement through Medicaid fee-for-

service. These inconsistencies will stabilize as the conversion to Medicaid reimbursement continues to FY2019.

Tables 106, 107, and 108 show placement data by demographics from annual one-day censuses and include both Residential Treatment Center and substance use data, *except* for the FY2015 data for which substance use data is not available. In FY2017, the substance use data represents those youth for whom Medicaid billing was submitted, not every youth in substance treatment, so the numbers underestimate the total number. As conversion for all substance use placements to the Medicaid system continues, these numbers will more accurately reflect actual placements.

Table 106 shows ages of youth in treatment have generally remained steady over time. Most of the youth in treatment are 12 through 17 years of age (currently 73.9% of all children).

Table 107 shows placement data by gender. Female placement rates have remained between 34% and 35% of all placements for years with complete data, those between FY2012 and FY2017.

Table 108 shows placement data by race. The rate of out-of-home placements for Black children has long been and remains disproportionately higher than for White children. In FY2017 African American children accounted for 49% of all out-of-home placements and White children account for 38% of all out-of-home placements. However, during this period, African American children comprised approximately 30% of Maryland's population and White children comprised approximately 60%.

This means in FY2017, an African American child was more than two-and-a-half (2.58) times as likely as a White child to be placed in an out-of-home placement. This Behavioral Health data suggests disproportionality in placements continue to increase since FY2014. Current Behavioral Health data is stronger for Residential Treatment Center placements than substance use because of the unavailability of substance use data in FY2015 and from having only partial data in FY2016.

Behavioral Health Administration Out-of-State Placements

Table 109 shows the numbers of youth in out-of-State Residential Treatment Center placements on the annual one-day censuses January 31, FY2012 through FY2017. In FY2017, there were five.

The five youth in out-of-State Residential Treatment Center placements represent only 1% of all Residential Treatment Center placements in FY2017. Of these five youth, four were court committed to and placed by local departments of social services, and one was placed by parents with assistance from the local Core Service Agency associated with Behavioral Health.

Four are male (80%) and one is female male (20%). These individuals were placed at four residential treatment centers located in Georgia, Massachusetts, and South Carolina. Each of the four residential treatment centers has a placement contract with Department of Human Services and each is enrolled as a Maryland Medicaid provider.

Ages served range from 15 to 20. Three youth have diagnoses including post-traumatic stress disorder and histories of severe abuse. Two have developmental problems including intellectual disability or autism spectrum disorder. All have problems with emotional and/or behavioral regulation, oppositional defiant disorder and/or impulse control disorders. All have had previous treatment in a residential treatment center and all were eventually rejected by the Maryland residential treatment centers.

Maryland's child serving agencies have long been interested in reducing the number of children who go to out-of-State placements for several reasons. The main reason is out-of-State placements can be more disruptive to the child and his/her family which can hinder treatment. Distance puts a significant barrier to a family's ability to participate in their child's treatment and to have contact with their child. Distance also interferes with the ability of the departments' case managers to participate in the placement's treatment planning and follow the child's progress and, finally, out-of-State programs are often more expensive than in-State programs.

The practicality of treating youth with the combinations of severe behavior health disorders described above in Maryland facilities is problematic. Within the past five years, the number of these complex and severely impaired youth placed out-of-State has varied from six to 26 on the one-day census. The economics of serving these youth in Maryland residential treatment centers may make it unreasonable for providers to increase their staff, space, structure, and protocols for a very small and highly variable number of these youth with complex and severe impairments. An in-State facility might only have one or two youth at any given time, at most.

Creating a special unit for these youth also has its drawbacks, as the optimal treatment approach may be very different from one youth to another. For example, individuals with sexual behavior problems are not treated on the same unit as those without such problems. Treating male and female youth on the same unit would be another conundrum. As it stands now with out-of-State youth, each one is in the best treatment program available for their needs in their current setting.

Behavioral Health remains committed to serve every Maryland child in Maryland whenever possible. Prevention and intervention as early as possible are strategies designed to prevent long-term out-of-home and institutional care. This Report of FY2017 data shows the number of out-of-State placements made through Behavioral Health is as low as it has been in ten years.

Age



Behavioral Health Age Trends								
Age	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	1	1	0	1	0	0	NA	NA
6 through 11	49	88	51	48	45	45	5.08%	0.00%
12 through 17	285	301	340	318	323	281	0.13%	-13.00%
18 and over	36	3	27	18	55	54	175.75%	-1.82%
Total	371	393	418	385	423	380	0.82%	-10.17%

Table 106

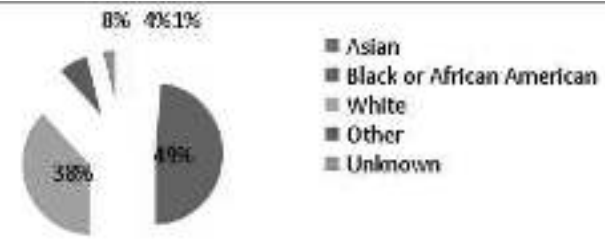
Gender



Behavioral Health Gender Trends								
Gender	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	361	367	409	239	249	239	-5.66%	-4.02%
Female	190	201	213	144	165	134	-4.97%	-18.79%
Unknown	0	0	0	2	9	7	NA	-22.22%
Total	551	568	622	385	423	380	-5.16%	-10.17%

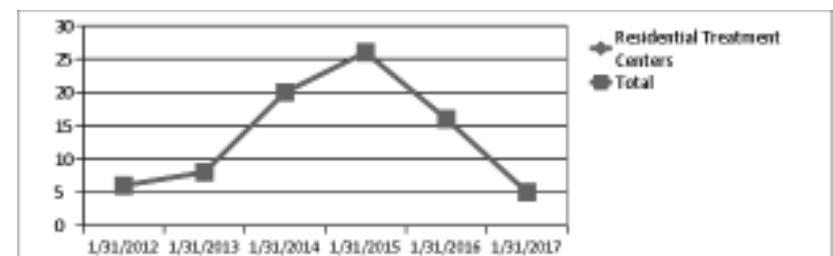
Table 107

Race



Behavioral Health Race Trends								
Race	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	3	1	1	2	1	1	-3.33%	0%
Asian	4	3	4	3	4	5	8.33%	25%
Black or African American	222	257	287	208	197	184	-2.39%	-6.60%
Native Hawaiian / Pacific	0	0	0	0	14	1	NA	-92.86%
White	276	253	278	137	157	144	-8.57%	-8.28%
Bi-Racial / Multiple Race	1	1	28	0	0	0	NA	NA
Other	30	31	14	25	49	30	16.86%	-38.78%
Unknown	15	22	1	10	1	15	432.24%	1400%
Total	551	568	613	385	423	380	-5.30%	-10.17%

Table 108



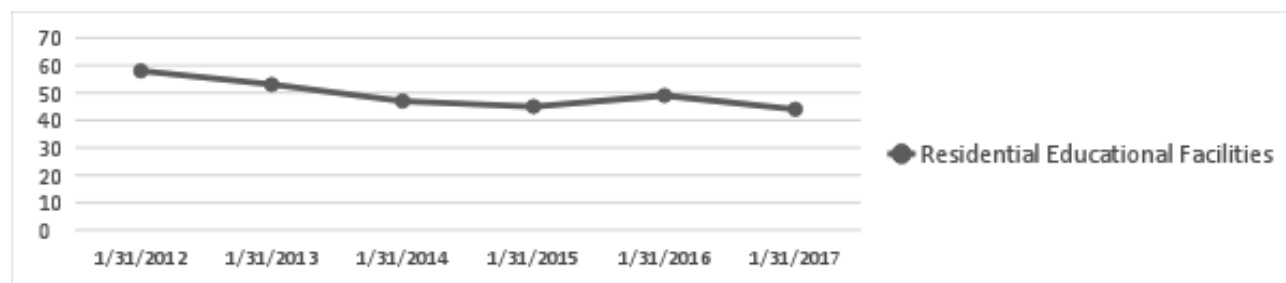
Behavioral Health Out-of-State Placement Trends								
Subcategory	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Residential Treatment Centers	6	8	20	26	16	5	21.22%	-68.75%
Total	6	8	20	26	16	5	21.22%	-68.75%

Table 109

Maryland State Department of Education Summary

Local school systems are required to provide a Free Appropriate Public Education for all students who require special education and related services. Special education and related services for children in residential placements are determined through the Individualized Education Program team process. The Individualized Education Program team, including the parent, determines the services required, the type of program, and identifies the location for the delivery of services. The team is charged with ensuring that the child is demonstrating educational progress in the approved placement, and the team may determine at any time that a change in placement is necessary to implement the Individualized Education Program and to provide a Free Appropriate Public Education. An out-of-home placement only occurs for a student placed by a Local School System when the team determines that the child requires a residential educational facility.

Maryland residential treatment centers are approved for educational purposes as residential educational facilities. The number of students requiring residential settings as a school placement is approximately .041% of the total population of students with disabilities. The Local School Systems are required to provide special education and related services through the school year in which the child turns 21.



Education Placement Trends								
Subcategory	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	1/31/2017	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	0
Juvenile Commitment Programs	0	0	0	0	0	0	NA	0
Secure Juvenile Commitments	0	0	0	0	0	0	NA	0
Residential Educational Facilities	58	53	47	45	49	44	-4.25%	-10.20%
Residential Treatment Centers	0	0	0	0	0	0	NA	0
Substance Use and Addiction Programs	0	0	0	0	0	0	NA	0
Living Arrangement - Non-Community-Based	0	0	0	0	0	0	NA	0
Total	58	53	47	45	49	44	-4.25%	-10.20%

Table 120

State Department of Education 2017 Highlights

The Maryland State Department of Education (Education) continued to work with Maryland residential school providers to ensure costs reflective of services needed and staffing appropriate for the population served. There was a focused push by Education to increase preventative service initiatives to hold or reduce the need for nonpublic placements; with a goal for local school systems to build capacity for placements. In addition, the Education has extended substantial technical assistance to the schools, programmatically, as well as to

support the design of individualized plans that keep students in the State and in their homes. The Department will continue to work with the schools to ensure effective and individualized service packages. This work supports the State initiative to have Maryland's children served within the State.

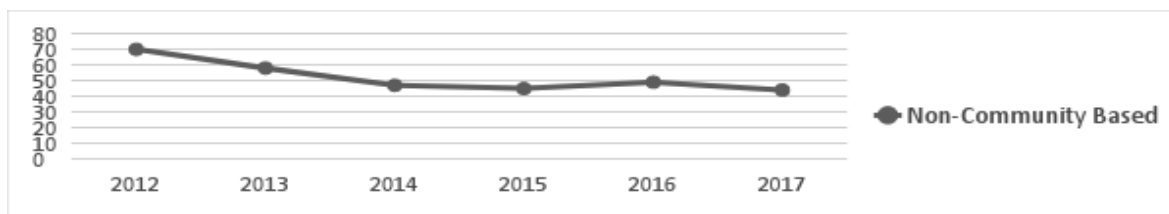


Table 121

Education Total Served								
Category	2012	2013	2014	2015	2016	2017	Average Change	Last Year Change
Family Home	0	0	0	0	0	0	NA	0
Community-Based	0	0	0	0	0	0	NA	0
Non-Community Based	70	58	47	45	49	44	-6.95%	-10.20%
Hospitalization	0	0	0	0	0	0	NA	0
Not Available	0	0	0	0	0	0	NA	0
Total	70	58	47	45	49	44	-6.95%	-10.20%

Department of Education Demographics

The demographics for students in residential schools can be compared to the demographics for Maryland students with disabilities. The number of students in out-of-home placements (residential schools) represents .041% of all students in Maryland identified as having educational disabilities. The Male to Female percentages for residential schools are 79.5% Male to 20.5% Female, while Statewide percentages are 68.6% Male to 31.4% Female.

When comparing race demographics for residential school placements, the following are noted: Asian = 9.1%, African American = 22.7%, White = 61.3%, Bi-Racial/Multiple Races = 2.3% and Other = 4.5%. The Statewide percentages related to race for Maryland students with disabilities are: American Indian/Alaskan Native = .3%, Asian 3.2%, Black or African American 40.8%, Hispanic/Latino = 14.6%, White 37.1%, and Bi-Racial/Multiple Races = 3.9%. The "Maryland Special Education/Early Intervention Census Data and Related Tables" (October 1, 2016) provide extensive demographic information for Maryland students with disabilities and can be located at:

<http://archives.marylandpublicschools.org/MSDE/divisions/planningresultstest/2016-2017-Student-Publications.html>

Education Population Flow (All Placements)					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2013	33	25	58	5	53
2014	38	15	53	6	47
2015	29	19	48	7	41
2016	35	18	53	9	44
2017	23	23	46	7	12
Three-Year Change	-6.80%	-63.72%	-1.40%	3.17%	-32.71%
Average Yearly Change	-5.53%	2.30%	-5.21%	10.75%	-22.37%
Recent Year Change	-34.29%	27.78%	-13.21%	-22.22%	-72.73%

Table 122

Education Placement By Jurisdiction																														
	Jurisdiction Where Children Were Placed																													
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown		
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown		
			Allegany	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Anne Arundel	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Baltimore	5	11%	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0
			Baltimore City	4	9%	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
			Calvert	1	2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
			Caroline	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Carroll	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Cecil	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Charles	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Dorchester	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Frederick	9	20%	0	0	0	0	0	1	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	3	0
			Garrett	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Harford	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Howard	1	2%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Kent	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			Montgomery	16	36%	0	0	0	0	0	6	0	2	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	3	0
			Prince George's	3	7%	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
			Queen Anne's	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
St. Mary's	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Talbot	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Washington	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Wicomico	1	2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Worcester	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Out-of-State	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Unknown	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Grand Total	44	100%	0	0	1	0	0	15	0	5	0	0	0	0	0	6	0	7	0	0	0	0	0	0	0	0	10	0		
% of children from jurisdiction			0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	31%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
% children Statewide in all			0%	0%	2%	0%	0%	34%	0%	11%	0%	0%	0%	0%	0%	14%	0%	16%	0%	0%	0%	0%	0%	0%	0%	0%	23%	0%		

Table 123

Department of Education Costs

The cost for the average out-of-home residential annual placement for a student has increased by 14% from FY2016 to FY2017. This is reflective of the increased need for programs to have direct one to one supervision and support services for students. These services are necessary to ensure appropriate engagement in activity for each student, individualized implementation of instruction, behavioral plans, and student and staff safety.

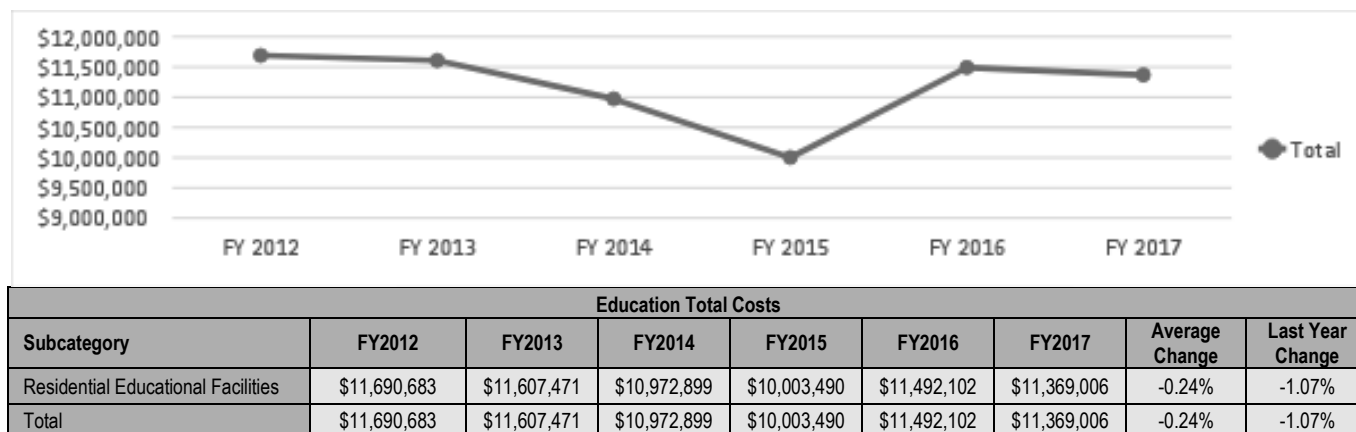


Table 124

Local School System Out-of-State Placements

A school system may find it necessary to place a student in an appropriate out-of-State residential school because of the highly unique needs of that student. Prior to making this decision for the student, the Individualized Education Program team must consider the appropriateness of all in-State residential schools, including the proximity of the school placement to the child's home. When considering an out-of-State residential school, the local school system works collaboratively with the Department of Education to review the appropriateness of the program and facility to provide education services to Maryland children and in accordance with COMAR 13A.05.01.12.

A review of the profiles of the students placed out-of-State reveals a wide variation of needs, ages, grade placements and goals for the students. The challenges that require a student to be placed out-of-State varies for each individual student and it is not necessarily related to a lack of specific services offered by Maryland providers. The 10 students placed out-of-State represent 22.7% of the 44 students requiring residential schools.

The current student profiles served by out-of-State providers include:

- medically fragile, low cognitive abilities, and a pattern of behaviors that are of danger to self and others;
- complex emotional disabilities with challenging behavioral profiles, and have not experienced success with the Maryland residential treatment center model;

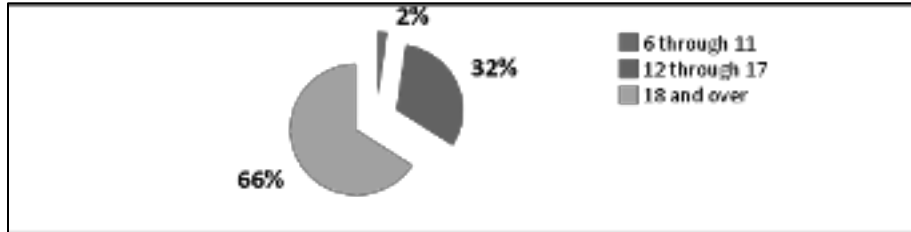
- significant mental health and behavioral needs, and requires American Sign Language as the primary language for all instruction and throughout the school day; and,
- low cognitive abilities and severe aggressive behavior patterns, and/or sexually inappropriate behaviors.

Department of Education Strategies/Recommendation

The Department's Division of Special Education/Early Intervention Services has worked directly with Maryland private day and residential education facilities to build in-State capacity for students requiring intensive services. The Department provides ongoing support and technical assistance to Autism Waiver providers, and others, to build capacity and quality programming for students. During the 2017-2018 school year the Department's Division of Special Education/Early Intervention Services will continue to support local school systems to enhance services and supports for students to remain in their community schools.

The Department supports the Local Care Team process and cross-agency collaboration to ensure the development of community based and residential programs to meet the needs of students typically placed out-of-State and to facilitate the return of these students to Maryland programs and schools.

Age



Education Non-Community-Based Age Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	0	0
6 through 11	2	2	2	0	1	1	NA	0
12 through 17	28	24	21	21	12	14	-10.60%	16.67%
18 and over	28	27	24	24	36	29	3.17%	-19.44%
Total	58	53	47	45	49	44	-5.10%	-10.20%

Table 125

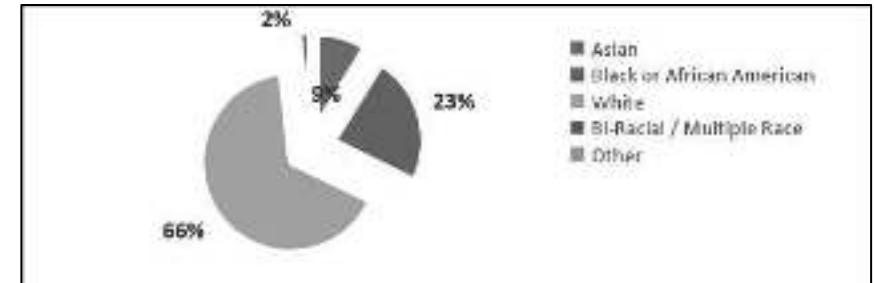
Gender



Education Non-Community-Based Gender Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Male	41	38	39	39	40	35	-2.92%	-12.50%
Female	17	15	8	6	9	9	-6.69%	0.00%
Unknown	0	0	0	0	0	0	0	0
Total	58	53	47	45	49	44	-5.10%	-10.20%

Table 126

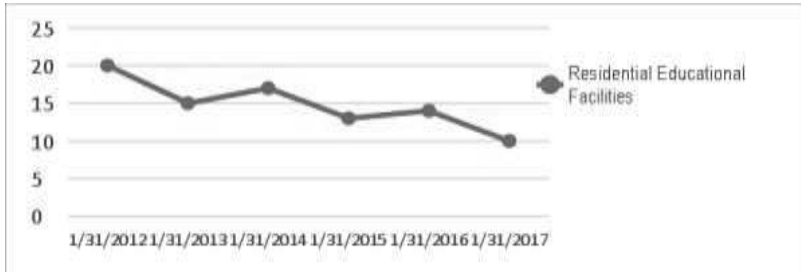
Race



Education Non-Community-Based Race Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	6	6	7	7	2	3	-0.95%	50.00%
Asian	30	32	34	28	35	40	6.91%	14.29%
Black or African American	5,643	4,949	4,203	3,662	3,502	2,980	-11.90%	-14.91%
Native Hawaiian / Pacific	5	3	3	3	17	4	70.04%	-76.47%
White	2,388	2,247	1,952	1,781	1,785	1,570	-7.92%	-12.04%
Bi-Racial / Multiple Race	267	236	233	259	263	239	-1.86%	-9.13%
Other	227	220	191	181	166	170	-5.48%	2.41%
Unknown	109	130	126	130	153	194	12.77%	26.80%
Total	8,675	7,823	6,749	6,051	5,923	5,200	-9.64%	-12.21%

Table 127

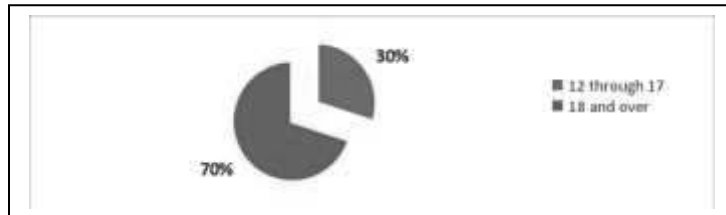
Out-of-State Placement Trends



Education Out-of-State Non-Community-Based Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
Residential Educational Facilities	20	15	17	13	14	10	-11.22%	-28.57%
Total	20	15	17	13	14	10	-11.22%	-41.18%

Table 128

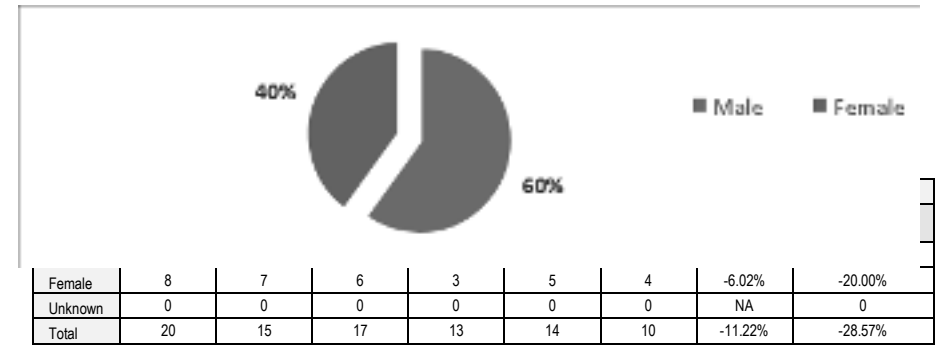
Out-of-State Age



Education Out-of-State Age Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Avg.	Last Year Change
0 through 5	0	0	0	0	0	0	0	0
6 through 11	1	1	1	0	0	0	0	0
12 through 17	6	7	6	5	3	3	-10.86%	0
18 and over	13	7	10	8	11	7	-4.43%	-36.36%
Total	20	15	17	13	17	10	-9.12%	-41.18%

Table 129

Out-of-State Gender



Female	8	7	6	3	5	4	-6.02%	-20.00%
Unknown	0	0	0	0	0	0	NA	0
Total	20	15	17	13	14	10	-11.22%	-28.57%

Table 130

Out-of-State Race



Education Out-of-State Race Trends								
	1/31/12	1/31/13	1/31/14	1/31/15	1/31/16	1/31/17	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black or African American	7	6	6	4	4	4	-9.52%	0
Native Hawaiian / Pacific	0	0	0	0	0	0	0	0
White	13	9	11	9	9	5	-14.23%	-44.44%
Bi-Racial / Multiple Race	0	0	0	0	0	0	0	0
Other	0	0	0	0	1	1	NA	0
Unknown	0	0	0	0	0	0	0	0
Total	20	15	17	13	14	10	-11.22%	-28.57%

Table 131

Maryland School for the Blind and Maryland School for the Deaf

The Maryland School for the Deaf

The Maryland School for the Deaf is established under § 8-304 of the Education Article of the Annotated Code of Maryland. The Department of Education is required to admit free of charge all students who are Maryland residents and meet the established admissions criteria. Section § 8-305 requires each local school system to notify parents or guardians of each hearing-impaired child of the availability of the educational programs offered by the School for the Deaf. Funding for the School for the Deaf is established under § 8-310.3. The School for the Deaf is also required to establish and operate a program of enhanced services for deaf students who have moderate to severe disabilities under § 8-310.1, with funding provided jointly by the State and the county. The majority of students enrolled at the School for the Deaf are placed by parents or guardians rather than by a local school system. Children receiving enhanced services⁶ are placed by local school systems through the Individualized Education Program team process. A small number of students, placed by the Individualized Education Program team process, live on campus during the school week.

Maryland School for the Deaf Total Costs				
	Total Residential Served	Residential Cost	Educational Cost	Total Cost
FY2012	123	\$2,476,233	\$6,162,792	\$8,639,025
FY2013	125	\$2,415,309	\$5,704,625	\$8,119,934
FY2014	125	\$2,456,214	\$5,877,375	\$8,333,589
FY2015	122	\$2,701,397	\$5,715,334	\$8,416,731
FY2016	121	\$2,686,097	\$6,021,731	\$8,707,828
FY2017	120	\$2,673,228	\$6,273,914	\$8,947,142

Table 132

The Maryland School for the Blind

The Maryland School for the Blind is established to provide services for children placed by local school systems through the Individualized Education Program team process. In accordance with § 8-307.1, each local school system shall notify the parents or guardians of each blind or visually-impaired child, including children with multiple disabilities, of the availability of the educational programs, and administrative policies of the schools under their jurisdiction. The School for the Blind is required to establish and operate a program of enhanced services⁷ for students who are blind and have other disabilities. Funding for these services is provided jointly by the State and county. The budget for the School for the Blind is submitted annually by the Governor to the General Assembly. The residential program offers a continuum of service options. Students may participate in the extended-day program, as part-time or full-time student, or may reside in a dormitory or in a house on the campus during the school week.

⁶ Enhanced services allow students to receive educational services in Maryland rather than out-of-State residential programs.

⁷ See footnote 6.

Maryland School for the Blind Total Costs				
	Total Residential Served	Residential Cost	Educational Cost	Total Cost
FY2012	89	\$4,722,467	\$8,316,387	\$13,038,854
FY2013	91	\$5,043,578	\$9,632,009	\$14,675,587
FY2014	93	\$5,238,222	\$9,521,892	\$14,760,114
FY2015	96	\$5,238,300	\$9,816,144	\$15,054,444
FY2016	94	\$5,535,390	\$9,922,890	\$15,458,280
FY2017	87	\$6,590,729	\$10,720,758	\$17,311,487

Table 132

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 In-Home or Family Preservation services.

From 1990 to the present, Interagency Family Preservation Services (Family Preservation) 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, Family Preservation was administered by the Governor’s Office for Children, after which the program and the funding were integrated into Human Services’ In-Home services.

Family preservation/In-Home 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 In-Home 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 In-Home services, and for children who had recently received In-Home services.

Human Services In-Home services are separated into two categories:

1. Interagency Family Preservation Services; and,
2. Consolidated In-Home 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 Consolidated) will be presented, along with data for the two programs combined (Total In-Home Services).

Service Counts for Human Services In-Home Services

Table 133 below contains a five-year summary for Total In-Home services, Consolidated In-Home Services, and Intensive Family Preservation. 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 a corresponding 9% decrease in the number of children served in In-Home programs from FY2013 to FY2017.

Families and Children Served and Newly Served*						
Total In-Home						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY2013	8,724	18,755	2.2	6,272	13,363	2.1
FY2014	8,626	18,137	2.1	6,712	13,787	2.1
FY2015	9,813	20,520	2.1	7,898	16,339	2.1
FY2016	10,061	21,417	2.1	7,642	15,920	2.1
FY2017	7,973	16,999	2.1	6,098	12,890	2.1
Consolidated In-Home Services						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY2013	7,750	16,434	2.1	5,460	11,459	2.1
FY2014	7,658	15,936	2.1	5,963	12,118	2.0
FY2015	9,034	18,764	2.1	7,309	15,028	2.1
FY2016	9,356	19,847	2.1	7,077	14,678	2.1
FY2017	7,396	15,726	2.1	5,665	11,944	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
FY2013	974	2,328	2.4	811	1,910	2.4
FY2014	968	2,201	2.3	749	1,669	2.2
FY2015	779	1,756	2.3	589	1,311	2.2
FY2016	705	1,570	2.2	565	1,242	2.2
FY2017	577	1,273	2.2	433	946	2.2
**FY2015-2016 New Cases data revised						

Table 133

When looking closer at the data, it is possible to see that there was an increase in Consolidated In-Home cases during FY2015 and FY2016 due to increase in new cases during FY2014 through FY2016. During FY2017, there was a decrease in the number of new cases served but the number is greater than the number of new cases during FY2013. There is a comparable pattern in the number of children served. However, the same pattern is not evident in the Intensive Family Preservation cases. The number of new cases continues to decline with a 41% decline in the number of new cases between FY2013 and FY2017 and a 45% decline in the number of new children served during that time. This decline has not occurred due to serving families and children through more intensive services as the number of out-of-home cases declined during FY2017. Human Services will monitor the new cases to determine if the numbers remain at the lower counts or increase again in the next fiscal year.

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

This analysis focuses mainly on the question “Are children better off?” 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 In-Home 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 In-Home 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) In-Home 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.⁸

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’ In-Home 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: 4% as of June 2017).

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

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

For each of these indicators, data is analyzed for the period during which a child received services, and then for the one-year period after the child received services (see overview in Table 134).

⁸ 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?	<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 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 Human Services <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 period for each child is the 12-month period beginning on the close date of In-Home services and ending 12 months later.

Table 134

Table 135 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 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 FY2015, and data for events occurring during services is available for children who entered In-Home services in FY2016.

Using this construct, Table 135 shows the number children who began In-Home services in FY2010-FY2017, and those who started In-Home services in those years but also completed services within 12 months of their service start date. Although Table 135 includes data on cases (i.e., families), subsequent data on indicated maltreatment and out-of-home placement will focus on children, not cases.

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
FY2010	5,515	4,784	87%	11,863	10,229	86%
FY2011	5,260	4,568	87%	11,396	9,800	86%
FY2012	6,583	5,827	89%	13,935	12,257	88%
FY2013	6,273	5,556	89%	13,356	11,776	88%
FY2014	6,707	6,012	90%	13,805	12,283	89%
FY2015	7,898	7,236	92%	16,339	14,827	91%
FY2016	7,642	6,983	91%	15,920	14,678	92%
FY2017	6,098	N/A until FY18		12,890	N/A until FY18	
**FY2015-2016 data revised						

Table 135

Over the past seven fiscal years (FY2010 through FY2016), the percentage of cases (families) and children that complete services within one year of beginning In-Home services is between 87% and 92%, decreasing a bit in FY2016 by 1%. However, when viewed from the child perspective, 92% of children were in cases that closed within one year.

Indicated Child Protective Services Investigations/Child Maltreatment

During the past seven 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 In-Home services ranged between 1.9% in FY2016 and 4.2% in FY2011 (Table 136). Despite these fluctuations, since FY2010, the average percentage of children not experiencing indicated maltreatment during In-Home services is 97.2%; for FY2016 the percentage was 98.1%. There has been an increase in the percentage of children who are not experiencing indicated maltreatment in the past two years.

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
FY2010	3.9%	464	3.9%	401	4.6%	542	2.3%	233
FY2011	4.2%	475	3.3%	326	5.2%	598	2.5%	244
FY2012	2.6%	367	3.2%	397	4.5%	622	2.2%	264
FY2013	2.7%	366	2.8%	325	4.3%	569	2.3%	267
FY2014	2.2%	299	2.1%	261	3.8%	518	1.9%	235
FY2015	2.4%	391	2.3%	336	3.4%	559	1.5%	229
FY2016	1.9%	295	NA until FY18		2.9%	460	NA until FY18	
**FY2015-2016 data revised								

Table 136

Within one year of case closure, an average of 2.9% of children experienced an indicated finding of maltreatment within one year of case closure; therefore, since FY2010, an average of

97.1% of children did not experience an indicated maltreatment finding up to one year after finishing In-Home services (Table 136).

Consolidated In-Home Services has seen a sizable decrease in the number of children experiencing an indicated Child Protective Services Investigation during services. Interagency Family Preservation Services has seen an increase in the percentage of children experiencing indicated Child Protective Services Investigation Services, but the actual number of children is small due to the smaller number of cases. (Table 137). For the one-year period after services, however, there is mixed experience, with the Consolidated In-Home cases experiencing a decrease (from 3.4% in FY2011 to 2.2% in FY2016), and Family Preservation experiencing an increase (from 3.0% in FY2011 to 3.1% in FY2013), dropping substantially in FY2014 (1.6%) but has since increased to 2.5% in FY2015 and FY2016. Part of the reason for the overall downward trend in indicated Child Protective Services investigations among children receiving In-Home services may be the implementation of Alternative Response, as many alleged incidents of low-risk maltreatment will not receive an indicated finding when the case is served through Alternative Response. If this is the case, the data from FY2015 should show the continued trend when it is made available in FY2017.

Indicated Child Protective Services Findings and Out-of-Home Care Placement Rates								
Consolidated In-Home 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
FY2011	4.6%	440	3.4%	277	5.7%	548	2.5%	202
FY2012	2.7%	332	3.3%	354	4.6%	564	2.0%	219
FY2013	2.9 %	333	2.7%	272	4.4%	499	2.2%	216
FY2014	2.3%	276	2.2%	237	3.8%	459	1.8%	198
FY2015	2.5%	380	2.2%	306	3.5%	518	1.9%	260
FY2016	1.9%	271	NA until FY 18		2.9%	424	NA until FY 18	
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
FY2011	1.9%	35	3.0%	49	2.8%	50	2.6%	42
FY2012	2.1%	35	2.7%	43	3.4%	58	2.9%	45
FY2013	1.7%	33	3.1%	53	3.7%	70	2.9%	51
FY2014	1.4%	23	1.6%	24	3.5%	59	2.4%	37
FY2015	0.8%	11	2.5%	30	3.1%	41	3.3%	39
FY2016	1.9%	24	NA until FY 18		2.9%	36	NA until FY 18	
*FY2015-FY2016 data revised								

Table 137

During FY2014, Maryland phased-in and completely implemented Alternative Response to provide families, who are identified as suspected maltreators for child abuse and neglect in low

risk reports, an opportunity to receive a family assessment instead of a Child Protective Services investigation.

Alternative Response focuses on family engagement and strengths to enhance family functioning. This is a family-centered approach to working with families — workers seek to engage a family using assessments that lead to services to address identified risk and safety concerns, as opposed to investigating to identify an individual as responsible for the alleged abuse/neglect. Since July 2013, there has been a growing presence of Alternative Response in Maryland, and currently an average of 34% of new reports of child maltreatment are assigned to Alternative Response.

There has been a continuous decrease in the number of indicated Child Protective Services investigations, which results in a referral for Family Preservation services. This is likely due to a decrease in the number of allegations assigned to Child Protective Services investigations. It is important to note, however, that cases with high risk and safety concerns at the conclusion of Alternative Response are referred for family preservation services as well.

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

Although there was a slight increase in FY2011 (5.2%), the general rate of out-of-home placement during In-Home services has ranged from 2.9% to 4.6%, dropping to 3.4% in FY2015 and decreasing to 2.9% in FY2016. Overall, an average of 96.0% of children served in In-Home services from FY2010 to FY2016 were able to remain with their families during In-Home services, and avoid out-of-home placement.

Out-of-home placement in the year following In-Home services has been stable, between 1.9% and 2.5% for the past five years, with the lowest rate (1.5%) in FY2015. For these past six years, an average of 97.9% of children remain in their home and avoided out-of-home placement within the first year after receiving In-Home services.

For out-of-home placement, the same percentage of children in Family Preservation entered out-of-home care during services as Consolidated Services – in FY2016, 2.9%. In contrast, the percent of children entering out-of-home placement after In-Home is higher for Family Preservation (3.3%) than Consolidated Services (1.9%) based on FY2015 rates.

Analysis of Maryland Family Risk Assessment for In-Home Services

Data presented here, based on the current Maryland Family Risk Assessment, offers the advantage of consistency in analyzing data from prior years and consistency within cases. Caseworkers are trained on the Maryland Family Risk Assessment during pre-service orientation and through ongoing supervision.

Human Services' In-Home workers are required to complete the Maryland Family Risk Assessment while the family is receiving services. An intake and closing risk assessment is

required, as well as additional ratings every six months or when the family situation changes. The assessment is six pages and includes a central section wherein workers score family observations in five risk categories: (a) History of Child Maltreatment, (b) Type and Extent of Current Child Maltreatment Investigation, (c) Child Characteristics, (d) Caregiver Characteristics, and (e) Familial, Social and Economic Characteristics. A four-level risk rating of no-risk, low-risk, moderate-risk, or high-risk is assigned by assessing past incidents or the current incident leading to In-Home services. The final section of the Maryland Family Risk Assessment is the Overall Rating of Risk. Workers enter their summary risk ratings for the five preceding risk categories before assigning an overall rating of risk for the family. Workers use the overall family risk rating to inform their case management decisions.

Maryland Family Risk Assessment Intake Ratings

Within two weeks of starting an In-Home service case, workers are required to complete a Maryland Family Risk Assessment rating for the family. Data, however, are not available for an average of 19% of In-Home cases for FY2011 – FY2015, with increasing proportions missing during FY2013 and FY2014. There are a couple reasons for missing data: the Maryland Family Risk Assessment may be completed during the Child Protective Services response and then shared with the In-Home services team, and so it is not a formal part of the In-Home service record; and caseworkers may be completing the Maryland Family Risk Assessment in a paper-version but not recording the results in MD CHESSIE. To boost data entry documentation, Human Services has launched an In-Home Milestone Report for supervisors allowing them to monitor the completion of both safety and risk (e.g. Maryland Family Risk Assessment) assessments. Using the new reporting system, Maryland Family Risk Assessment documentation has improved. In the past two years, missing data has decreased from 22% in FY2015 to 10% in FY2017 (Table 138).

The determining factor in assessing a children's removal from their family of origin and placement into out-of-home care is safety (not risk). The SAFE-C is a separate instrument that measures safety. Although safety and risk are different constructs (safety is concerned with the child's immediate condition), many cases with high risk also have enough immediate safety issues to warrant an out-of-home removal. Therefore, families with the highest risk may be more often served in out-of-home services than In-Home services.

Initial Risk based on Maryland Family Risk Assessment Ratings						
Total In-Home Services						
		Percent				
Fiscal Year	N=	None	Low	Moderate	High	Missing
FY2011	7,517	9%	28%	39%	10%	14%
FY2012	8,755	15%	29%	33%	8%	16%
FY2013	8,751	17%	26%	31%	7%	18%
FY2014	8,494	14%	27%	28%	6%	24%
FY2015	9,813	16%	31%	26%	6%	22%
FY2016	10,061	21%	33%	25%	6%	15%
FY2017	7,973	14%	41%	29%	6%	10%
Consolidated In-Home Services						
		Percent				
Fiscal Year	N=	None	Low	Moderate	High	Missing
FY2011	6,555	9%	29%	38%	9%	14%
FY2012	7,850	16%	29%	31%	7%	16%
FY2013	7,776	19%	27%	29%	7%	19%
FY2014	7,527	15%	28%	26%	6%	25%
FY2015	9,035	16%	32%	24%	5%	22%
FY2016	9,356	22%	34%	24%	5%	15%
FY2017	7,396	14%	45%	27%	6%	10%
Interagency Family Preservation Services						
		Percent				
Fiscal Year	N=	None	Low	Moderate	High	Missing
FY2011	962	4%	21%	48%	17%	10%
FY2012	905	5%	22%	50%	12%	11%
FY2013	972	6%	24%	49%	12%	9%
FY2014	967	6%	23%	44%	13%	14%
FY2015	778	6%	23%	49%	11%	12%
FY2016	705	5%	27%	45%	11%	12%
FY2017	577	5%	29%	47%	10%	13%

Table 138

Table 138 shows initial Maryland Family Risk Assessment ratings. Overall, the majority of families in In-Home services present with low to moderate risk (70% in FY2017) at the beginning of services. Among Interagency Family Preservation cases over the past five years, the largest proportion of families have moderate risk levels; among Consolidated In-Home Services, largest proportion of families has shifted from moderate risk level to low risk level for FY2014 and has remained at low risk level in the three years since. Among Consolidated In-Home cases, those with no risk represented a higher proportion of cases than those with high risk although the proportion with no risk has declined 8% in the past fiscal year while the percentage of families with high risk has remained the same. In Intensive Family Preservation cases, then proportion of cases with high risk is twice that of those with no risk. Overall, just 35% all families receiving In-Home Services in FY2017 had moderate or high risk at the initial Maryland Family Risk Assessment evaluation. To shed more light on the trends noted based on the multi-year review of Maryland Family Risk Assessment data Maryland has just begun its implementation of a family-oriented strengths and needs further assessment.

Analysis of Child and Family Needs and Strengths – Family Version (CANS-F)

Maryland recently implemented the Child and Family Needs and Strengths – Family version (CANS-F) to support strengths-based case plans for In-Home services during FY2016. CANS-F is an assessment tool to be completed in collaboration with the family and identifies needs and strengths for both the family as well as individual caregiver(s) and child(ren). Information needed to complete the assessment is also gathered from people who support the family in the community, including other family members, friends, and professionals who work with the family.

The caseworker must complete a CANS-F within 45 days of acceptance of In-Home Family Services, and then complete every three months (90 days) until case closure or a change in family circumstances. All families receiving Family Preservation need to have a CANS-F completed within 30 days of acceptance and every 90 days until case closure or a change in family circumstances.

CANS-F assessment consists of eight (8) sections of rated (scored) items covering the following categories: Family & Household (three sections); Family Assessment (two sections); Caregiver Assessment; Culture Assessment, and Child Assessment (which includes Trauma Experiences). Two additional sections are completed when a rating greater than 1 is made in the items contained in Child Behavioral/Emotional Needs and Child Risk Behaviors.

As FY2016 was the first year of CANS-F implementation, this section is only able to present preliminary information based on the intake received for In-Home Family Services and Family Preservation. It should be noted that CANS-F data for Services to Families with Children-Intake (SFC-I) is excluded. It has taken time to ensure that all cases that require a CANS-F are receiving an assessment.

For the entire assessment, the average count of actionable Family Needs for Family Preservation and In-Home Family Services (items rated 2 or 3) were 6.7 for IFPS (n=101) and 3.2 for In-Home Family Services (n=636). A descriptive analysis reveals which areas of the CANS-F assessment have the highest number of needs, and the areas of need most common within each type of In-Home Service (Table 139).

In the area of family functioning, the two greatest areas of specific need for both services were Financial Services (13.4% of Consolidated Services families, and 19% among Family Preservation families served) and Family Conflict (13% among Consolidated Services families, and nearly 39% of In-Home Family Services families served).

Specific areas of needs stemming from Trauma were higher for Family Preservation families than for Consolidated families, although the top needs are the same: Neglect, Witness to Family Violence, Physical Abuse or Sexual Abuse. The proportions in these need areas are greater among the IFPS families with 7.2% indicating Witness to Family Violence, and 9.3% indicating Neglect versus 3.4% indicating Witness to Family Violence, and 5.4% indicating Neglect among families receiving Consolidated Services.

The number of children with actionable needs in the top Child Functioning special areas for Family Preservation families are roughly twice those found for Consolidated In-Home Services (1.5 average needs for Family Preservation versus 0.6 average needs for Consolidated In-Home Services). Two of the three most frequent needs are the same for the two services: Mental Health is the most frequent need in Family Preservation families, while Relationship with the Biological Father being the greatest need in Consolidated families.

In-Home Family Services: Overview of Average Actionable Needs and Most Common Need Areas at Intake			
FY2016		FY2017	
Consolidated In-Home Services	Interagency Family Preservation Services	Consolidated In-Home Services	Interagency Family Preservation Services
Family Functioning Needs			
1.1 Average Needs	2.0 Average Needs	0.8 Average Needs	1.7 Average Needs
Financial Resources (16.3%)	Family Conflict (36.8%)	Financial Resources (13.4%)	Family Conflict (38.8%)
Family Conflict (15.7%)	Family Communication (32.2%)	Family Conflict (12.9%)	Family Communication (25.2%)
Parental Caregiver Collaboration (13.6%)	Financial Resources (21.1%)	Parental Caregiver Collaboration (9.6%)	Financial Resources (19.1%)
Trauma			
0.8 Average Needs	1.2 Average Needs	0.7 Average Needs	1.2 Average Needs
Neglect (6.7%)	Witness to Family Violence (11.6%)	Neglect (5.4%)	Neglect (9.3%)
Sexual Abuse (4.4%)	Neglect (9.2%)	Sexual Abuse (3.4%)	Witness to Family Violence (7.2%)
Witness to Family Violence (3.2%)	Physical Abuse (5.3%)	Witness to Family Violence (3.4%)	Physical Abuse (3.2%)
Child Functioning Needs			
0.7 Average Needs	1.8 Average Needs	0.6 Average Needs	1.5 Average Needs
Relationship- Biological Father (12.1%)	Mental Health (26.6%)	Relationship- Biological Father (10.4%)	Mental Health (19.9%)
Mental Health (8.3%)	Relationship - Biological Father (22.7%)	Mental Health (7.6%)	Relationship - Biological Father (18.4%)
Relationship - Biological Mother (7.5%)	Risk Behaviors (18.4%)	Relationship - Biological Mother (6.4%)	Relationship - Biological Mother (17.5%)
Caregiver Needs			
1.5 Average Needs	1.8 Average Needs	1.1 Average Needs	2.3 Average Needs
Mental Health (13.6%)	Discipline (20.6%)	Substance Use (11.1%)	Discipline (21.1%)
Substance Use (13.5%)	Mental Health (13.9%)	Mental Health (10.9%)	Mental Health (20.7%)
Supervision of Children (11.0%)	Emotional Responsiveness (12.0%)	Supervision of Children (8.3%)	Marital Partner Conflict (14.3%)

Table 139

Finally, Caregiver needs are comparable for both services, with the top three needs being: Relationship – Biological Father, Relationship – Biological Mother, and Mental Health. However, Mental Health needs in Family Preservation are much higher at nearly 20% compared to 7.6% in Consolidated services; needs for Relations with Biological Father are almost double in Family Preservation at over 18%, and needs for Relationship with Biological Mother are almost triple in Family Preservation at 17.5%.

Given that the implementation of the CANS-F assessment began during FY2016, these reported findings are preliminary. Based on this descriptive overview, it appears that the children and families served in Family Preservation generally have both a greater set of average needs and a

greater proportion of families challenged in specific areas of need, compared to Consolidated In-Home services, which is not surprising, as Family Preservation cases tend to include the higher risk cases.

An analysis of actionable family needs based on the CANS-F assessment focuses on the count of needs that families present with at the beginning of In-Home services (Table 140). Broken out by groups based on the count of actionable needs that a family has, the purpose of this presentation is to get an idea of the magnitude of needs among the children and families receiving services. While preliminary, the descriptive analysis here reveals that a majority (61%) of all families receiving In-Home services have a low number (0 to 2) needs, and 24% have six or more needs. This represents quite a large variance in needs among families served.

When broken down by program, just over half (51%) of the Family Preservation families have six or more needs, whereas the 66% of the Consolidated cases have a low number of needs. There is, however, some parallel noted in both the Maryland Family Risk Assessment and CANS-F analyses: a sizable portion of families served in Human Services In-Home programs are entering services with either low/no risk of child maltreatment and/or has a low number of actionable needs. It is possible that there are other warning signs or nuances in local department decision-making about the families served that these assessments may not be sensitive enough to discern. Given, however, that the implementation of CANS-F is only one year old, further exploration to understand these trends will be undertaken in the coming year.

Total Actionable Family Needs at Intake - All Assessments						
	FY2016			FY2017		
	All Human Resources In-Home (n=2,115)	Consolidated (n=1,782)	IFPS (n=333)	All Human Resources In-Home (n=2,173)	Consolidated (n=1,864)	IFPS (n=309)
0-2 Needs	1,096 (51.8%)	1,013 (56.8%)	83 (24.9%)	1,324 (60.9%)	1,230 (66.0%)	94 (30.4%)
3-5 Needs	386 (18.3%)	304 (17.1%)	82 (24.6%)	339 (15.6%)	282 (15.1%)	57 (18.4%)
6 or more Needs	633 (29.9%)	465 (26.1%)	168 (50.5%)	510 (23.5%)	352 (18.9%)	158 (51.1%)

Table 140

Family Preservation Summary

Human Services In-Home services are a critical component of meeting the needs of thousands of vulnerable children and their families. In FY2017, approximately 16,999 children from 7,973 families received Human Services In-Home services (Table 133).

As of June 30, 2017, there were 4,501 children in Human Services out-of-home care (Human Services Place Matters file, June 2017 data). This is the lowest number of children requiring

removal from their homes in over 28 years. The provision of Human Services In-Home services and other community supports are crucial in keeping children in their homes and families.

The Department of Human Services' Place Matters Initiative has been able to achieve this success for children and families through its Family Centered Practice model and use of Family Involvement Meetings. Child, youth, and family involvement are essential in Human Services' Out-of-Home and In-Home practice models, which also rely on community supports and services. Providing Alternative Response, In-Home services, and other supports to families is necessary to continue to keep children with their families and to strengthen families' abilities to care for their children. Human Services will continue to improve its family-centered focus with the help of its IV-E Waiver 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.

The Local Care Team Process

In March 2017, an interagency Out-of-State Placements Workgroup was formed to: (1) assist with the return or diversion of out-of-State placements; (2) develop in-State placement capacity; and (3) establish an interagency process for reviewing out-of-State placement recommendations and coordinating monitoring of out-of-State placements. As a result, the Children's Cabinet identified the need to strengthen the coordination of services and case management at the local level through the Local Care Teams. The goal of a locally-coordinated interagency approach is to return or divert children and youth from preventable out-of-home and out-of-State placements through the provision of community-based services. It is anticipated that strengthening the Local Care Team process and coordinating care on the local level will result in a reduction in both out-of-home and costly out-of-State placements.

Beginning on January 1, 2018, the Local Care Teams will serve as the point of access to services for children and youth. Parents, family members, schools and local agencies will be able to make referrals directly to the Local Care Teams to seek assistance with accessing services, to develop plans of care for community-based services and to coordinate services from multiple agencies. Families with children at risk of out-of-home or out-of-State placement, with complex needs and/or who are in crisis, are identified as priorities for the Local Care Teams.

The Local Management Boards will serve as the administrative home for the Local Care Teams. The Children's Cabinet is providing funding to the Local Management Boards for permanent staff support to the Local Care Teams to ensure youth with intensive needs receive comprehensive support services. Staff will ensure a coordinated system for Local Care Team case referral and tracking, maintain a comprehensive resource database, collect data and ensure follow up services. Staff will be responsible for facilitating a coordinated approach to services and ensure parent involvement in Local Care Team meetings.

The Local Care Team membership is specified in Human Services Article §8-406 and should include at least one representative from:

- Department of Juvenile Services;
- Developmental Disabilities Administration;
- Local Core Service Agency;
- Local School System;
- Local Health Department;
- Local Department of Social Services;
- Local Management Board;
- A parent or parent advocate; and,
- A nonvoting representative of the local office of the Division of Rehabilitative Services to represent individuals who are 16 years old and older.

Local Care Teams are required to annually report to the Children's Cabinet on the effectiveness of the coordinated interagency case planning in the jurisdiction, including a set of required

performance measures.

APPENDIX A: Placement by Jurisdiction

Family Home, Adoptive

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	7	17.95%	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Anne Arundel	2	5.13%	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	7	17.95%	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Calvert	2	5.13%	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	5.13%	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	1	2.56%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	1	2.56%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	6	15.38%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	2	0	0	0	1
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	2	5.13%	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's	1	2.56%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	8	20.51%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	39	100%	5	2	1	6	2	0	2	1	1	0	0	0	1	0	0	3	3	0	0	0	0	11	0	0	0	1
% of children from jurisdiction			71.43%	100.00%	NA	85.71%	100.00%	NA	100.00%	100.0%	100.00%	NA	0.00%	NA	50.00%	NA	NA	NA	100.00%	NA	NA	NA	NA	100.00%	NA	NA	NA	NA
% children Statewide in all			12.82%	5.13%	2.56%	15.38%	5.13%	0.00%	5.13%	2.56%	2.56%	0.00%	0.00%	0.00%	2.56%	0.00%	0.00%	7.69%	7.69%	0.00%	0.00%	0.00%	0.00%	28.21%	0.00%	0.00%	0.00%	2.56%

Family Home, Foster Care

Home Jurisdiction of Children	# children from jurisdiction in placement	Jurisdiction Where Children were Placed																										
		% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	37	3.61%	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	48	4.69%	0	43	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Baltimore	117	11.43%	0	0	80	28	2	0	0	0	0	0	0	4	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Baltimore City	310	30.27%	0	1	58	234	0	0	0	0	0	0	0	3	3	0	0	1	0	0	0	0	0	0	0	0	5	5
Calvert	15	1.46%	0	2	0	0	12	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	13	1.27%	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Carroll	16	1.56%	0	0	0	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	57	5.57%	0	0	0	0	0	0	0	52	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	2
Charles	33	3.22%	0	0	0	0	1	0	0	0	30	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Dorchester	1	0.10%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	28	2.73%	0	0	0	0	0	0	0	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	31	3.03%	0	0	0	0	0	0	0	0	0	0	23	0	0	0	0	0	0	0	0	0	0	0	0	0	7	1
Harford	59	5.76%	0	0	3	1	0	0	0	2	0	0	0	0	52	0	0	0	0	0	0	0	0	0	0	0	1	0
Howard	5	0.49%	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	85	8.30%	0	0	0	0	0	0	0	1	0	0	2	0	0	0	79	1	0	0	0	0	0	0	0	0	2	0
Prince George's	68	6.64%	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	65	0	0	0	0	0	0	0	0	0	0
Queen Anne's	1	0.10%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Somerset	12	1.17%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	2	6	0	0	
St. Mary's	24	2.34%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	0	0	0	0	0	0	0
Talbot	6	0.59%	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Washington	38	3.71%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	38	0	0	0	0	0
Wicomico	9	0.88%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	1
Worcester	11	1.07%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	5	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1024	100%	37	46	142	266	15	16	17	55	30	2	30	23	59	9	3	81	68	1	4	24	1	38	16	11	18	11
% of children from jurisdiction			100.00%	89.58%	68.38%	75.48%	80.00%	84.62%	100.00%	91.23%	90.91%	100.00%	100.00%	74.19%	88.14%	100.00%	NA	92.94%	95.59%	100.00%	33.33%	100.00%	16.67%	100.00%	88.89%	45.45%	NA	NA
% children Statewide in all			3.61%	4.49%	13.87%	25.98%	1.46%	1.56%	1.66%	5.37%	2.93%	0.20%	2.93%	2.25%	5.76%	0.88%	0.29%	7.91%	6.64%	0.10%	0.39%	2.34%	0.10%	3.71%	1.56%	1.07%	1.76%	1.07%

Family Home, Relative (Kinship) Care

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	49	8.14%	40	0	0	0	0	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	0	1	0	0	2	1
Anne Arundel	13	2.16%	0	6	0	3	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	1
Baltimore	11	1.83%	0	1	5	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Baltimore City	294	48.84%	0	13	52	189	1	0	0	0	0	2	0	0	6	5	0	0	11	1	0	0	0	0	0	0	7	7
Calvert	3	0.50%	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	3	0.50%	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	3	0.50%	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Cecil	7	1.16%	0	0	0	0	0	0	0	4	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	7	1.16%	0	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1
Dorchester	1	0.17%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	10	1.66%	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	1	0	0	1	0	2	0	0	1	0
Garrett	12	1.99%	3	0	1	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	24	3.99%	0	0	1	0	0	0	0	3	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	0	2	3
Howard	8	1.33%	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	4
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	95	15.78%	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	62	20	0	0	0	0	1	0	0	0	5
Prince George's	38	6.31%	0	1	1	0	0	0	0	0	2	0	1	0	2	0	0	1	27	0	0	0	0	0	0	0	1	2
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	14	2.33%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	11	0	0	0	0	0	1
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	6	1.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
Wicomico	4	0.66%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	602	100%	43	25	61	195	3	0	1	9	7	3	13	11	26	6	1	63	66	1	0	12	0	10	4	0	15	27
% of children from jurisdiction			81.63%	46.15%	45.45%	64.29%	66.67%	0.00%	33.33%	57.14%	42.86%	100.00%	50.00%	66.67%	62.50%	12.50%	NA	65.26%	71.05%	NA	NA	78.57%	NA	100.00%	100.00%	NA	NA	NA
% children Statewide in all			7.14%	4.15%	10.13%	32.39%	0.50%	0.00%	0.17%	1.50%	1.16%	0.50%	2.16%	1.83%	4.32%	1.00%	0.17%	10.47%	10.96%	0.17%	0.00%	1.99%	0.00%	1.66%	0.66%	0.00%	2.49%	4.49%

Family Home, Restricted Relative Care

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	5	1.80%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Anne Arundel	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	43	15.47%	0	2	15	11	0	0	2	1	0	0	0	0	6	2	0	0	1	0	0	1	0	0	0	0	2	0
Baltimore City	182	65.47%	0	12	44	102	0	0	0	0	0	0	0	0	5	4	0	0	4	0	1	0	0	0	0	0	8	2
Calvert	3	1.08%	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	2	0.72%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	4	1.44%	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Garrett	12	4.32%	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	2	0.72%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	14	5.04%	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	4	0
Prince George's	4	1.44%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	2	0.72%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	5	1.80%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	278	100%	3	14	61	113	5	0	2	2	1	0	3	12	11	6	0	7	9	0	3	1	0	5	0	0	18	2
% of children from jurisdiction			60.00%	NA	34.88%	56.04%	66.67%	NA	NA	50.00%	NA	NA	75.00%	100.00%	NA	0.00%	NA	50.00%	100.00%	NA	100.00%	NA	NA	100.00%	NA	NA	NA	NA
% children Statewide in all			1.08%	5.04%	21.94%	40.65%	1.80%	0.00%	0.72%	0.72%	0.36%	0.00%	1.08%	4.32%	3.96%	2.16%	0.00%	2.52%	3.24%	0.00%	1.08%	0.36%	0.00%	1.80%	0.00%	0.00%	6.47%	0.72%

Family Home, Treatment Foster Care

Home Jurisdiction of Children	Jurisdiction Where Children were Placed																											
	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	4	0.32%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	1
Anne Arundel	23	1.85%	0	6	10	1	0	1	0	0	0	0	0	0	0	1	0	0	2	0	1	0	0	0	1	0	0	0
Baltimore	180	14.45%	2	8	89	52	0	0	6	2	0	1	0	0	9	1	1	0	3	0	0	0	0	5	0	1	0	0
Baltimore City	547	43.90%	1	14	226	250	0	0	4	0	2	2	0	0	14	8	0	1	19	0	0	0	1	1	0	0	0	4
Calvert	10	0.80%	0	0	0	0	1	0	0	0	5	0	0	0	0	0	0	0	3	0	0	1	0	0	0	0	0	0
Caroline	2	0.16%	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	9	0.72%	1	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Cecil	30	2.41%	0	0	5	8	0	1	0	9	0	0	0	0	2	0	1	0	3	0	0	0	0	0	1	0	0	0
Charles	14	1.12%	0	1	0	2	0	0	0	0	3	0	0	0	0	0	0	0	6	0	0	0	0	1	1	0	0	0
Dorchester	12	0.96%	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0
Frederick	15	1.20%	0	0	2	0	0	0	0	0	0	0	3	1	0	0	0	1	1	0	0	0	0	6	0	0	1	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	32	2.57%	0	1	7	7	0	0	0	2	0	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	1
Howard	9	0.72%	0	1	6	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	69	5.54%	1	2	8	1	0	0	1	0	1	0	0	0	1	3	0	34	11	0	0	0	0	6	0	0	0	0
Prince George's	221	17.74%	0	2	20	17	2	0	1	0	8	0	1	0	0	2	0	4	163	0	0	0	0	0	0	0	0	1
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	9	0.72%	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	4	0	0	0
St. Mary's	20	1.61%	0	1	1	3	0	0	0	0	4	0	2	0	0	0	0	3	6	0	0	0	0	0	0	0	0	0
Talbot	8	0.64%	0	0	0	0	0	1	0	0	0	2	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0	0
Washington	16	1.28%	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0
Wicomico	4	0.32%	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Worcester	12	0.96%	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	8	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1,269	100%	6	36	378	346	3	5	14	13	23	20	6	2	40	15	3	44	217	0	2	1	7	36	20	1	1	7
% of children from jurisdiction			0.00%	26.09%	49.44%	45.70%	10.00%	50.00%	0.00%	30.00%	21.43%	58.33%	20.00%	NA	43.75%	0.00%	NA	49.28%	73.76%	NA	11.11%	0.00%	50.00%	81.25%	25.00%	0.00%	NA	NA
% children Statewide in all			0.48%	2.89%	30.34%	27.77%	0.24%	0.40%	1.12%	1.04%	1.85%	1.61%	0.48%	0.16%	3.21%	1.20%	0.24%	3.53%	17.42%	0.00%	0.16%	0.08%	0.56%	2.89%	1.61%	0.08%	0.08%	0.56%

Family Home, Living Arrangement

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	7	5.60%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Anne Arundel	4	3.20%	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	25	20.00%	0	1	11	9	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2
Baltimore City	11	8.80%	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Calvert	6	4.80%	0	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	1.60%	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	4	3.20%	0	0	0	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Charles	3	2.40%	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Dorchester	1	0.80%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	3	2.40%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Garrett	4	3.20%	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Harford	9	7.20%	0	0	0	2	0	0	0	1	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1	0
Howard	3	2.40%	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	12	9.60%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1	0	0	0	0	0	0	0	0	1
Prince George's	15	12.00%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	10	0	0	0	0	0	0	0	1	2
Queen Anne's	1	0.80%	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	6	4.80%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0
Talbot	3	2.40%	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Washington	6	4.80%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	1	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	125	100%	2	6	13	17	5	0	2	4	2	3	1	2	6	3	0	12	11	1	0	6	0	7	1	0	8	13
% of children from jurisdiction			28.57%	100.00%	44.00%	45.45%	83.33%	NA	100.00%	75.00%	66.67%	100.00%	33.33%	50.00%	55.56%	66.67%	NA	83.33%	66.67%	0.00%	NA	83.33%	0.00%	83.33%	NA	NA	NA	NA
% children Statewide in all			1.60%	4.80%	10.40%	13.60%	4.00%	0.00%	1.60%	3.20%	1.60%	2.40%	0.80%	1.60%	4.80%	2.40%	0.00%	9.60%	8.80%	0.80%	0.00%	4.80%	0.00%	5.60%	0.80%	0.00%	6.40%	10.40%

Community, Independent Living

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	7	5.60%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Anne Arundel	4	3.20%	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	25	20.00%	0	1	11	9	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2
Baltimore City	11	8.80%	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Calvert	6	4.80%	0	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	1.60%	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	4	3.20%	0	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	3	2.40%	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Dorchester	1	0.80%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	3	2.40%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Garrett	4	3.20%	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Harford	9	7.20%	0	0	0	2	0	0	0	1	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1	0
Howard	3	2.40%	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	12	9.60%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1	0	0	0	0	0	0	0	0	1
Prince George's	15	12.00%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	10	0	0	0	0	0	0	0	1	2
Queen Anne's	1	0.80%	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	6	4.80%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0
Talbot	3	2.40%	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Washington	6	4.80%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	1	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	125	100%	2	6	13	17	5	0	2	4	2	3	1	2	6	3	0	12	11	1	0	6	0	7	1	0	8	13
% of children from jurisdiction			28.57%	100.00%	44.00%	45.45%	83.33%	NA	100.00%	75.00%	66.67%	100.00%	33.33%	50.00%	55.56%	66.67%	NA	83.33%	66.67%	0.00%	NA	83.33%	0.00%	83.33%	NA	NA	NA	NA
% children Statewide in all			1.60%	4.80%	10.40%	13.60%	4.00%	0.00%	1.60%	3.20%	1.60%	2.40%	0.80%	1.60%	4.80%	2.40%	0.00%	9.60%	8.80%	0.80%	0.00%	4.80%	0.00%	5.60%	0.80%	0.00%	6.40%	10.40%

Community, Residential Child Care Program

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Alegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Alegany	14	1.64%	2	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	4	0	0	0	0	5	0	0	1	0
Anne Arundel	63	7.39%	1	14	25	2	0	2	0	2	3	0	0	0	0	0	0	4	3	0	0	0	0	6	0	0	1	0
Baltimore	111	13.03%	0	0	43	20	0	6	0	2	2	0	0	3	6	0	0	7	7	0	0	0	0	7	0	0	5	3
Baltimore City	165	19.37%	1	4	23	97	0	1	0	1	5	0	0	0	1	0	0	8	10	0	0	1	0	7	0	0	4	2
Calvert	10	1.17%	0	0	2	0	1	1	0	1	2	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0
Caroline	7	0.82%	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1
Carroll	11	1.29%	0	0	4	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	4	0	0	1	0
Cecil	19	2.23%	0	0	3	0	0	2	0	7	0	0	0	0	1	0	0	0	2	0	0	0	0	1	0	0	3	0
Charles	11	1.29%	0	0	4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	1	0
Dorchester	14	1.64%	0	0	0	1	0	5	0	0	0	0	7	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Frederick	16	1.88%	2	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0	7	1	0	0	0
Garrett	6	0.70%	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0	1
Harford	34	3.99%	0	0	11	2	0	0	0	5	0	0	0	1	9	0	0	2	0	0	0	0	0	1	0	0	3	0
Howard	21	2.46%	0	0	6	2	0	0	0	0	0	0	0	0	0	6	0	4	0	0	0	0	0	3	0	0	0	0
Kent	15	1.76%	0	0	0	0	0	2	0	1	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0
Montgomery	77	9.04%	0	0	16	3	0	3	0	2	0	0	1	0	0	0	0	35	11	0	0	0	0	6	0	0	0	0
Prince George's	159	18.66%	0	2	16	7	0	0	0	7	2	0	0	0	1	3	0	15	98	0	0	0	0	5	0	0	1	2
Queen Anne's	5	0.59%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0
Somerset	17	2.00%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	0	0	0
St. Mary's	9	1.06%	0	0	5	0	0	1	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Talbot	5	0.59%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	1	0
Washington	32	3.76%	0	0	5	2	0	0	0	0	0	0	0	3	0	0	0	2	1	0	0	0	0	17	0	0	0	2
Wicomico	26	3.05%	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	2	0	0	0	0	1	17	0	2	0
Worcester	3	0.35%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Out-of-State	2	0.23%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	852	100%	7	20	169	137	1	31	0	30	15	0	8	9	21	9	12	80	145	4	16	1	3	79	20	0	24	11
% of children from jurisdiction			14.29%	22.22%	38.74%	58.79%	10.00%	42.86%	0.00%	36.84%	9.09%	0.00%	0.00%	16.67%	26.47%	28.57%	80.00%	45.45%	61.64%	80.00%	94.12%	0.00%	40.00%	53.13%	65.38%	0.00%	0.00%	NA
% children Statewide in all			0.82%	2.35%	19.84%	16.08%	0.12%	3.64%	0.00%	3.52%	1.76%	0.00%	0.94%	1.06%	2.46%	1.06%	1.41%	9.39%	17.02%	0.47%	1.88%	0.12%	0.35%	9.27%	2.35%	0.00%	2.82%	1.29%

Personal Supports (Community, Community Supported Living Arrangement)

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	2	2.11%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	1	1.05%	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	13	13.68%	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert	5	5.26%	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	9	9.47%	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	2	2.11%	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	3	3.16%	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	4	4.21%	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	43	45.26%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	43	0	0	0	0	0	0	0	0	0	0
Prince George's	6	6.32%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	2	2.11%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	2	2.11%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Wicomico	3	3.16%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	95	100%	2	1	13	0	5	0	9	0	2	0	3	0	0	4	0	43	6	0	0	2	0	2	3	0	0	0
% of children from jurisdiction			100.00%	100.00%	100.00%	NA	100.00%	NA	100.00%	NA	100.00%	NA	100.00%	NA	NA	100.00%	NA	100.00%	100.00%	NA	NA	100.00%	NA	100.00%	100.00%	NA	NA	NA
% children Statewide in all			2.11%	1.05%	13.68%	0.00%	5.26%	0.00%	9.47%	0.00%	2.11%	0.00%	3.16%	0.00%	0.00%	4.21%	0.00%	45.26%	6.32%	0.00%	0.00%	2.11%	0.00%	2.11%	3.16%	0.00%	0.00%	0.00%

Community, Living Arrangement

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	3	11.54%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Baltimore City	5	19.23%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1
Calvert	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	7.69%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	10	38.46%	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	2	2
Prince George's	5	19.23%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	1	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	1	3.85%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	26	100%	2	0	5	3	0	0	0	0	0	0	0	0	0	0	0	1	6	0	1	0	0	0	1	0	3	4
% of children from jurisdiction			NA	NA	66.67%	20.00%	NA	NA	0.00%	NA	NA	NA	NA	NA	NA	NA	NA	0.00%	60.00%	NA	NA	0.00%	NA	NA	NA	NA	NA	NA
% children Statewide in all			7.69%	0.00%	19.23%	11.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.85%	23.08%	0.00%	3.85%	0.00%	0.00%	0.00%	3.85%	0.00%	11.54%	15.38%

Non-Community, Diagnostic Evaluation Treatment Program

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	1	20.00%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	2	40.00%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prince George's	1	20.00%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wicomico	1	20.00%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	5	100%	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
% of children from jurisdiction			NA	NA	100.00%	0.00%	NA	NA	NA	NA	NA	NA	NA	NA	0.00%	NA	NA	NA	0.00%	NA	NA	NA	NA	NA	0.00%	NA	NA	NA
% children Statewide in all			0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Non-Community, Detention

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	4	3.92%	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	5	4.90%	1	0	0	0	0	0	0	0	0	0	1	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Baltimore	7	6.86%	3	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	15	14.71%	3	0	0	0	0	0	0	0	0	0	8	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Calvert	2	1.96%	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	3	2.94%	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	2	1.96%	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	2	1.96%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	4	3.92%	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	5	4.90%	4	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	1	0.98%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	19	18.63%	10	0	0	0	0	0	0	0	0	0	3	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Prince George's	19	18.63%	6	0	0	0	0	0	0	0	0	0	7	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	1	0.98%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	2	1.96%	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	4	3.92%	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	5	4.90%	2	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	2	1.96%	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	102	100%	42	0	0	0	0	0	0	0	0	0	28	23	0	0	9	0	0	0	0	0	0	0	0	0	0	0
% of children from jurisdiction			75.00%	0.00%	0.00%	0.00%	0.00%	NA	0.00%	0.00%	0.00%	NA	25.00%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	0.00%	NA
% children Statewide in all			41.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.45%	22.55%	0.00%	0.00%	8.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Secure Juvenile Commitment (Formerly Non-Secure/Non-Residential Treatment Center)

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	1	9.09%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Baltimore	1	9.09%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Baltimore City	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	1	9.09%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	3	27.27%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Prince George's	2	18.18%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	1	9.09%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	2	18.18%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	11	100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0
% of children from jurisdiction			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%	0.0%
% children Statewide in all			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%	0.0%

Non-Community, Residential Education

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	5	11%	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0
Baltimore City	4	9%	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Calvert	1	2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Caroline	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	9	20%	0	0	0	0	0	1	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0	3	0
Garrett	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	1	2%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	1	2%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	16	36%	0	0	0	0	0	6	0	2	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	3	0
Prince George's	3	7%	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	1	2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	44	100%	0	0	1	0	0	15	0	5	0	0	0	0	6	0	7	0	0	0	0	0	0	0	0	0	10	0
% of children from jurisdiction			0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	31%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% children Statewide in all			0%	0%	2%	0%	0%	34%	0%	11%	0%	0%	0%	0%	14%	0%	16%	0%	0%	0%	0%	0%	0%	0%	0%	23%	0%	

Non-Community, Residential Treatment Center

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	6	1.08%	0	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	33	5.91%	0	0	8	23	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Baltimore	95	17.03%	0	0	39	45	0	0	0	0	0	0	6	0	0	0	0	2	0	0	0	0	0	0	0	0	2	1
Baltimore City	70	12.54%	0	0	36	26	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0	4	0
Calvert	14	2.51%	0	0	3	9	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	5	0.90%	0	0	1	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	16	2.87%	0	0	5	9	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	15	2.69%	0	0	4	9	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Charles	21	3.76%	0	0	8	9	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0
Dorchester	11	1.97%	0	0	6	4	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	35	6.27%	0	0	5	8	0	0	0	0	0	0	16	0	0	0	0	5	0	0	0	0	0	0	0	0	1	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	26	4.66%	0	0	10	13	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	15	2.69%	0	0	3	11	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	2	0.36%	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	75	13.44%	0	0	21	15	0	0	0	0	0	0	10	0	0	0	0	28	0	0	0	0	0	0	0	0	1	0
Prince George's	48	8.60%	0	0	19	22	0	0	0	0	0	0	5	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Queen Anne's	1	0.18%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	3	0.54%	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	21	3.76%	0	0	5	12	0	0	0	0	0	0	2	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Talbot	2	0.36%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	21	3.76%	0	0	1	4	0	0	0	0	0	0	8	0	0	0	0	3	0	0	0	0	0	4	0	0	0	1
Wicomico	11	1.97%	0	0	7	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	4	0.72%	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	8	1.43%	0	0	4	2	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	558	100%	0	0	190	238	0	0	0	0	0	0	63	0	1	0	0	51	0	0	0	0	0	4	0	9	2	
% of children from jurisdiction			0.00%	0.00%	41.05%	37.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	45.71%	NA	0.00%	0.00%	0.00%	37.33%	0.00%	0.00%	0.00%	0.00%	0.00%	19.05%	0.00%	0.00%	0.00%	NA
% children Statewide in all			0.00%	0.00%	34.05%	42.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.29%	0.00%	0.18%	0.00%	0.00%	9.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.72%	0.00%	0.00%	1.61%	0.36%

Non-Community, Substance Use and Addiction Programs*

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	1	0.56%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	21	11.86%	0	1	0	2	0	0	3	0	0	6	1	3	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Baltimore	20	11.30%	0	0	0	9	0	0	4	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
Baltimore City	40	22.60%	0	0	0	7	0	0	11	0	0	3	0	5	0	0	0	0	1	0	0	0	0	0	0	13	0	
Calvert	2	1.13%	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline	2	1.13%	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll	4	2.26%	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	3	1.69%	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	7	3.95%	0	0	0	0	0	0	3	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Dorchester	1	0.56%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	7	3.95%	0	0	0	1	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	3	1.69%	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard	6	3.39%	0	0	0	1	0	0	2	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Kent	2	1.13%	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	20	11.30%	1	0	0	0	0	0	4	0	0	0	0	6	0	0	0	9	0	0	0	0	0	0	0	0	0	
Prince George's	10	5.65%	0	0	0	1	0	0	6	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	
Queen Anne's	2	1.13%	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset	2	1.13%	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
St. Mary's	4	2.26%	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot	1	0.56%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	8	4.52%	2	0	0	0	0	0	2	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Wicomico	9	5.08%	3	0	0	0	0	0	1	0	0	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester	1	0.56%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	1	0.56%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	177	100%	11	1	0	23	0	1	42	0	0	19	12	28	0	0	2	10	1	0	0	0	0	0	0	27	0	
% of children from jurisdiction			0.00%	4.76%	0.00%	17.50%	0.00%	50.00%	25.00%	0.00%	0.00%	0.00%	57.14%	NA	0.00%	0.00%	100.00%	45.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	NA	
% children Statewide in all			6.21%	0.56%	0.00%	12.99%	0.00%	0.56%	23.73%	0.00%	0.00%	10.73%	6.78%	15.82%	0.00%	0.00%	1.13%	5.65%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.25%	0.00%	

Psychiatric Hospitalization

		Jurisdiction Where Children were Placed																										
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	1	2.50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Anne Arundel	2	5.00%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	4	10.00%	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Baltimore City	17	42.50%	0	0	6	4	0	0	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0	0	2
Calvert	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	1	2.50%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	2	5.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Charles	1	2.50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	1	2.50%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	6	15.00%	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0
Prince George's	4	10.00%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	1	2.50%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	40	100%	0	0	15	7	0	0	1	0	0	0	0	0	0	4	0	2	1	0	0	0	0	1	0	0	6	3
% of children from jurisdiction			0.00%	0.00%	25.00 %	23.53 %	NA	NA	0.00%	0.00%	0.00%	NA	0.00%	NA	NA	NA	NA	33.33 %	25.00 %	NA	NA	NA	NA	NA	NA	0.00%	NA	NA
% children Statewide in all			0.00%	0.00%	37.50%	17.50%	0.00%	0.00%	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%	5.00%	2.50%	0.00%	0.00%	0.00%	0.00%	2.50%	0.00%	0.00%	15.00%	7.50%

Hospitalization, General

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	2	8.00%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	9	36.00%	0	0	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Calvert	1	4.00%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	1	4.00%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	1	4.00%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	2	8.00%	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	1	4.00%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	2	8.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Prince George's	5	20.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	1
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	1	4.00%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	25	100%	0	0	1	15	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	5	2
% of children from jurisdiction			NA	NA	0.00%	77.78%	0.00%	NA	0.00%	0.00%	NA	NA	50.00%	NA	0.00%	NA	NA	0.00%	20.00%	NA	NA	NA	NA	0.00%	NA	NA	NA	NA
% children Statewide in all			0.00%	0.00%	4.00%	60.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	8.00%

Unknown

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	1	1.06%	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	7	7.45%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Baltimore City	54	57.45%	0	2	1	8	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	42
Calvert	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	1	1.06%	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	1	1.06%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Frederick	1	1.06%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Garrett	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	6	6.38%	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3
Howard	1	1.06%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Kent	1	1.06%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Montgomery	7	7.45%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5
Prince George's	13	13.83%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	10
Queen Anne's	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	1	1.06%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Talbot	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	94	100%	1	4	2	8	0	0	1	1	0	0	0	0	3	1	0	1	2	0	0	0	0	0	0	0	0	70
% of children from jurisdiction			NA	100.00%	0.00%	14.81%	NA	NA	100.00%	NA	NA	0.00%	0.00%	NA	33.33%	100.00%	0.00%	14.29%	15.38%	NA	NA	0.00%	NA	NA	NA	NA	NA	NA
% children Statewide in all			1.06%	4.26%	2.13%	8.51%	0.00%	0.00%	1.06%	1.06%	0.00%	0.00%	0.00%	0.00%	3.19%	1.06%	0.00%	1.06%	2.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	74.47%

APPENDIX B: Capacity Utilization (on January 31, 2017)

Agency Provider ID	Category	Subcategory	Organization Name	Provider Name	License Num.	License Agency	License Type	Agency Cap.	License Cap.	Age From	Age To	Provider Address	City	Juris.	State	ZIP	No. of Plcmnts
5073846	Community-Based	RCCP	Bellefare Jewish Children's Bureau	Monarch Boarding Academy		OOS	RCC: Large Group Home		2	0	20	no data	Shaker Heights	DHS	OH	44118	0
5034840	Community-Based	RCCP	Carlton Palms	Carlton Palms		OOS	RCC: Large Group Home		1	0	21	no data	Mt Dora	DHS	FL	32757	1
5018910	Community-Based	RCCP	Cumberland Hospital	Cumberland Hospital Facility		OOS	RCC: Large Group Home		11	0	20	no data	New Kent	DHS	VA	23124	0
5080184	Community-Based	RCCP	Devereux Foundation	Devereux PA CIDD/DBD		OOS	RCC: Large Group Home		3	0	20	no data	West Chester	DHS	PA	19380	1
5018935	Community-Based	RCCP	Grafton School	Grafton Group Home		OOS	RCC: Large Group Home		10	0	20	no data	Winchester	DHS	VA	22604	1
5082943	Community-Based	RCCP	Liberty Point Behavioral Healthcare, LLC	Liberty Behavioral Healthcare		OOS	RCC: Large Group Home		1	13	20	no data	Staunton	DHS	VA	24401	1

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5082817	Community-Based	RCCP	Nexus	Mille Lacs Academy		OOS	RCC: Large Group Home		1	10	17	no data	Onamia	DHS	MN	56359	1
5082773	Community-Based	RCCP	The Judge Rotenberg Educational Center, Inc.	Judge Rotenberg Center		OOS	RCC: Small Group Home		2	16	20	no data	Canton	DHS	MA	2021	1
5031585	Community-Based	RCCP	UHS of Laurel Heights	Laurel Heights Hospital		OOS	RCC: Medically Fragile		1	0	20	no data	Atlanta	DHS	GA	30306	1
5076835	Community-Based	RCCP	Youth For Tomorrow New Life Center,	Youth For Tomorrow-Chelsea House		OOS	RCC: Large Group Home		3	12	17	no data	Bristow	DHS	VA	20136	0
5022720	Community-Based	Residential Educational Facilities	Devereux Foundation	Devereux Georgia RTC		OOS	Residential Treatment Center		10	0	20	no data	Kennesaw	DHS	GA	30156	1
5083274	Community-Based	Alternative Living Units	Bay Shore Services, Inc.	Bay Shore Salisbury		DHS	no data	no data	4	no data	no data	no data	Salisbury	DHS	MD	21801	0
5019252	Community-Based	Alternative Living Units	Brotherhood and Sisterhood (BSI) International	Brotherhood and Sisterhood -- Ingalls DDA		DDA	Alternative Living Unit	3	29	14	18	no data	Hyattsville	DHS	MD	20784	2
5019253	Community-Based	Alternative Living Units	Brotherhood and Sisterhood (BSI) International	Brotherhood and Sisterhood -- Blueridge DDA		DDA	Alternative Living Unit	3	105	14	18	no data	Silver Spring	DHS	MD	20902	2
5057563	Community-Based	Alternative Living Units	CIS & H Inc.	CIS&H Inc. Barrs DDA		DDA	RCC: Small Group Home	no data	Unlimited	no data	no data	no data	Lanham	DHS	MD	20706	0

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5083160	Community-Based	Alternative Living Units	Destiny Group Home	Destiny's Group Home		DDA	RCC: Small Group Home	2	no data	18	21	no data	Pikesville	DHS	MD	21208	0
5028221	Community-Based	Alternative Living Units	Second Family, Inc.	Second Family -- 14101 Lancaster Lane DDA		DDA	Alternative Living Unit	5	Unlimited	0	11	no data	Bowie	DHS	MD	20715	3
5036067	Community-Based	Alternative Living Units	Second Family, Inc.	Second Family - 15206 Old Chapel Road DDA		DDA	RCC: Small Group Home	no data	no data	no data	no data	no data	Bowie	DHS	MD	20715	0
5027261	Community-Based	Emergency Group Shelter Care	JS Social Services, Inc.	JS Social Services - Youthtown USA II - 12 Second		DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21225	90
5028076	Community-Based	Emergency Group Shelter Care	The Children's Home, Inc.	The Children's Home -- Diagnostic & Treatment		DHS	RCC: Large Group Home	16	Unlimited	13	19	no data	Baltimore	DHS	MD	21228	15
5025708	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 3 Cinnamon #1B		DHS	CPA: Independent Living	39	Unlimited	16	20	no data	Baltimore	DHS	MD	21133	26
5025709	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 7 Cinnamon #1C		DHS	CPA: Independent Living	39	Unlimited	16	20	no data	Baltimore	DHS	MD	21133	26
5025713	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 18 Cinnamon #1A		DHS	CPA: Independent Living	39	6	16	20	no data	Baltimore	DHS	MD	21133	26
5025714	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 18 Cinnamon #1D		DHS	CPA: Independent Living	39	Unlimited	16	20	no data	Baltimore	DHS	MD	21133	26
5025715	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 20 Cinnamon #2D		DHS	CPA: Independent Living	39	Unlimited	16	20	no data	Baltimore	DHS	MD	21133	26

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5031648	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 6 Cinnamon 1C		DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Randallstown	DHS	MD	21133	14
5040264	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 21 Cinnamon 3D		DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	42
5063026	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 6600 Ellsmere		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5063128	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 6618 Collinsdale		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5070002	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 5526 1st Lothian		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5071850	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 23 #1D Cinnamon		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5074848	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP (East)		DHS	CPA: Independent Living	39	no data	16	20	no data	Baltimore	DHS	MD	21234	26
5074849	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP (West)		DHS	CPA: Independent Living	39	no data	16	20	no data	Randallstown	DHS	MD	21133	26
5080007	Community-Based	Independent Living Residential	Challengers Independent Living, Inc.	Challengers ILP -- 6520 A Falkirk		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0

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5001427	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke, Inc. Independent Living Program		DHS	CPA: Independent Living	22	Unlimited	16	20	no data	Baltimore	DHS	MD	21201	15
5050600	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 5640 Woodmont D		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21239	0
5052822	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 4935 A Lanier		DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Baltimore	DHS	MD	21215	44
5063243	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 1101 E Belvedere Apt C		DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21239	0
5069183	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 1101 E Belvedere Apt D		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5072479	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 1123 #B E. Belvedere		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5073214	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 5650 A Woodmont		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5078450	Community-Based	Independent Living Residential	Jumoke, Inc.	Jumoke ILP - 2409 Garrison		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0
5042480	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 4927 I Goodnow		DHS	CPA: Independent Living	25	no data	no data	no data	no data	Baltimore	DHS	MD	21206	10

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5069998	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 5212 F Bowley's		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5074219	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 5004 L Raintree		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5074924	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 2007 D Lydonlea		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5078468	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 5805 B Hillen		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5080706	Community-Based	Independent Living Residential	King Edwards' Inc.	King Edwards' ILP - 5203 F Eastbury		DHS	CPA: Independent Living	25	no data	no data	no data	no data	Baltimore	DHS	MD	21206	10
5031548	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways -- Independence Plus CPA		DHS	CPA: Independent Living	52	8	17	20	no data	Towson	DHS	MD	21204	46
5063260	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 5605 B Burtis - ILP Second Generations		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5067312	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 3605 A Parkview - ILP Independence Plus		DHS	CPA: Independent Living	52	Unlimited	17	20	no data	Baltimore	DHS	MD	21207	46
5067313	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 3707 B Parkview - ILP Independence Plus		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0

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5069112	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 1702 B Ramblewood - ILP Independence Plus		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5072519	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 2409 C Gainsborough		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5072523	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 3614 D Bowers		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Locheam	DHS	MD	21207	0
5073225	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 2010 B Ramblewood		DHS	CPA: Treatment Foster Care	40	no data	0	20	no data	Baltimore	DHS	MD	21239	19
5075323	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 1803 C Sherwood		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21239	0
5076294	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 1904 C Ramblewood		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5077160	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 6668 A Collinsdale		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5078211	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 6645 B Wycombe		DHS	CPA: Independent Living	52	no data	17	20	no data	Baltimore	DHS	MD	21234	46
5080545	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 5617 D Haddon		DHS	CPA: Independent Living	52	no data	17	20	no data	Baltimore	DHS	MD	21207	46

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5081805	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 6646 Collinsdale		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5082131	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 2425 D Clyburn		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5082478	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 6832 Boston		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21222	0
5083381	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 2 #3A Clementine		DHS	CPA: Independent Living	52	no data	17	20	no data	Baltimore	DHS	MD	21237	46
5083553	Community-Based	Independent Living Residential	New Pathways, Inc.	New Pathways 6821 Sturbridge		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5001436	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak Independent Living Program		DHS	CPA: Independent Living	30	Unlimited	16	20	no data	Baltimore	DHS	MD	21218	19
5036986	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4409 Marble Hall #234		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5041585	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4317 Marble Hall #161		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5041609	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4407 Marble Hall #228		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0

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5041613	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4413 Marble Hall #248		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21218	0
5041617	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4414 Marble Hall #332		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5041795	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4426 Marble Hall #374		DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Baltimore	DHS	MD	21218	27
5063013	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4405 Marble Hall #213		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5082883	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4417 Marble Hall #258		DHS	CPA: Independent Living	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21218	0
5083616	Community-Based	Independent Living Residential	The Martin Pollak Project, Inc.	Martin Pollak ILP - 4428 #383 Marble Hall		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5001295	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	National Center for Children and Families CPA		DHS	CPA: Treatment Foster Care	29	18	0	20	no data	Bethesda	DHS	MD	20817	15
5001597	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	National Center for Children and Families - Futurebound IL Program		DHS	CPA: Independent Living	21	Unlimited	16	20	no data	Rockville	DHS	MD	20852	10
5068050	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	NCCF ILP -- 200 #T-1 Congressional		DHS	CPA: Treatment Foster Care	49	Unlimited	0	20	no data	Rockville	DHS	MD	20852	39

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5069169	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	NCCF ILP - 249 #102 Rollins		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Rockville	DHS	MD	20852	0
5074246	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	NCCF ILP -- 1639 #103 E Jefferson		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Rockville	DHS	MD	20852	0
5078462	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	NCCF ILP -- 204 #204 Congressional		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Rockville	DHS	MD	20852	0
5078464	Community-Based	Independent Living Residential	The National Center for Children and Families, Inc.	NCCF ILP -- 1637 #T4 E Jefferson		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Rockville	DHS	MD	20852	0
5066444	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella Therapeutic Services, Inc. ILP Baltimore		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5067188	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 2 Twin Circle		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5067227	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 19 Birdknoll		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5072472	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 29 Birdnest		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5072474	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 3731 McDowell		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0

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5072475	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 4075 McDowell		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5082080	Community-Based	Independent Living Residential	Umbrella Therapeutic Services, Inc.	Umbrella ILP -- 3063 Bero		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21227	0
5000362	Community-Based	Residential Group Home	Adventist Healthcare, Inc.	Adventist Behavioral Health Cottage At Rockville DHMH TGH		DHMH	Therapeutic Group Home	8	8	12	21	no data	Derwood	DHS	MD	20855	3
5000363	Community-Based	Residential Group Home	Adventist Healthcare, Inc.	Adventist Behavioral Health Cottage At North Potomac DHMH TGH		DHMH	Therapeutic Group Home	8	8	12	17	no data	N. Potomac	DHS	MD	20878	6
5001540	Community-Based	Residential Group Home	ARC of Washington County, Inc.	ARC of Washington County - Jefferson House		DHS	RCC: Small Group Home	4	8	10	17	no data	Smithsburg	DHS	MD	21783	4
5001541	Community-Based	Residential Group Home	ARC of Washington County, Inc.	ARC of Washington County - Potomac House - 225 Potomac St		DHS	RCC: Small Group Home	5	4	15	20	no data	Hagerstown	DHS	MD	21740	3
5030542	Community-Based	Residential Group Home	ARC of Washington County, Inc.	ARC of Washington County -12828 St. Paul Road		DHS	RCC: Small Group Home	4	Unlimited	10	17	no data	Clearspring	DHS	MD	21733	4
5000486	Community-Based	Residential Group Home	Arrow Child & Family Ministries of Maryland, Inc.	Arrow Child & Family - Diagnostic Center RCC		DHS	RCC: Large Group Home	37	45	12	17	no data	Baltimore	DHS	MD	21234	27
5001249	Community-Based	Residential Group Home	Arrow Child & Family Ministries of Maryland, Inc.	Arrow Child & Family - Transitional Living RCC		DHS	RCC: Large Group Home	18	24	13	21	no data	Bel Air	DHS	MD	21015	17
5000545	Community-Based	Residential Group Home	Associated Catholic Charities Inc.	Associated Catholic Charities St. Vincent's Child Care Center		DHS	RCC: Large Group Home	25	no data	3	13	no data	Timonium	DHS	MD	21093	13

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5000648	Community-Based	Residential Group Home	Board of Child Care of the United Methodist Church, Incorporated	Board of Child Care Hagerstown Transitional		DHS	RCC: Small Group Home	4	4	15	19	no data	Hagerstown	DHS	MD	21742	2
5000649	Community-Based	Residential Group Home	Board of Child Care of the United Methodist Church, Incorporated	Board Of Child Care Colesville Group Home		DHS	RCC: Small Group Home	7	7	16	20	no data	Colesville	DHS	MD	20904	3
5000650	Community-Based	Residential Group Home	Board of Child Care of the United Methodist Church, Incorporated	Board of Child Care Main Campus Gaither Rd		DHS	RCC: Large Group Home	59	109	9	20	no data	Baltimore	DHS	MD	21244	42
5000652	Community-Based	Residential Group Home	Board of Child Care of the United Methodist Church, Incorporated	Board of Child Care Nicodemus		DHS	RCC: Small Group Home	5	5	15	20	no data	Reisterstown	DHS	MD	21136	3
5059332	Community-Based	Residential Group Home	Board of Child Care of the United Methodist Church, Incorporated	Board of Child Care - Denton		DHS	CPA: Treatment Foster Care	1	5	0	21	no data	Denton	DHS	MD	21629	1
5000665	Community-Based	Residential Group Home	Brook Lane Health Services, Inc.	Brook Lane - Stone Bridge Transitional Care Respite		DHS	RCC: Respite	15	15	6	17	no data	Hagerstown	DHS	MD	21742	13
5006788	Community-Based	Residential Group Home	Brotherhood and Sisterhood (BSI) International	Brotherhood and Sisterhood -- Dublin DDA		DDA	Alternative Living Unit	3	5	16	19	no data	Silver Spring	DHS	MD	20902	3
5001356	Community-Based	Residential Group Home	Care With Class, Inc.	Care With Class, Inc. - Apt B2		DHS	RCC: Small Group Home	3	5	15	20	no data	Baltimore	DHS	MD	21217	1
5001404	Community-Based	Residential Group Home	Care With Class, Inc.	Care With Class, Inc. - Apt A3		DHS	RCC: Small Group Home	3	6	15	19	no data	Baltimore	DHS	MD	21217	3
5019665	Community-Based	Residential Group Home	Cedar Ridge Children's Home and School, Inc.	Cedar Ridge Children's Home DHMH TGH (Faith Cottage)		DHMH	RCC: Small Group Home	no data	5	no data	no data	no data	Williamsport	DHS	MD	21795	0

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5005029	Community-Based	Residential Group Home	Center for Social Change, Inc.	Center for Social Change MFP Chapman DDA		DDA	RCC: Medically Fragile	5	Unlimited	3	21	no data	Randallstown	DHS	MD	21133	4
5001322	Community-Based	Residential Group Home	Challengers Independent Living, Inc.	Challengers Bert Place		DHS	RCC: Small Group Home	5	16	16	19	no data	Baltimore	DHS	MD	21216	5
5036117	Community-Based	Residential Group Home	Challengers Independent Living, Inc.	Challengers – Bert's Place Too - 3015 Clifton Ave		DHS	RCC: Small Group Home	7	Unlimited	15	19	no data	Baltimore	DHS	MD	21216	6
5011303	Community-Based	Residential Group Home	Changing Lives at Home, Inc.	Changing Lives At Home, Inc.		DHS	RCC: Small Group Home	5	Unlimited	15	19	no data	Baltimore	DHS	MD	21217	5
5005055	Community-Based	Residential Group Home	CIS & H Inc.	CIS & H Inc. Bald Hill DDA		DDA	RCC: Small Group Home	5	5	10	14	no data	Mitchellville	DHS	MD	20721	5
5019260	Community-Based	Residential Group Home	Community School for Autistic Adults and Children, Inc.	CSAAC 418 Girard		DDA	Alternative Living Unit	2	53	7	21	no data	Rockville	DHS	MD	20877	1
5052041	Community-Based	Residential Group Home	Community School for Autistic Adults and Children, Inc.	CSAAC Dairyton DDA		DDA	CPA: Treatment Foster Care	37	no data	0	20	no data	Montgomery Village	DHS	MD	20886	28
5082959	Community-Based	Residential Group Home	Community School for Autistic Adults and Children, Inc.	CSAAC Montgomery Village Ave		DDA	Alternative Living Unit	1	no data	16	20	no data	Montgomery Village	DHS	MD	20886	1
5001571	Community-Based	Residential Group Home	Day By Day Residential Services, Inc.	Day By Day Residential Services - Oakfield		DHS	RCC: Small Group Home	6	20	14	18	no data	Baltimore	DHS	MD	21207	6
5000790	Community-Based	Residential Group Home	Hearts and Homes For Youth, Inc.	Hearts and Homes - 4109 Queensbury Rd		DHS	RCC: Small Group Home	6	8	17	21	no data	Hyattsville	DHS	MD	20782	2
5000793	Community-Based	Residential Group Home	Hearts and Homes For Youth, Inc.	Hearts and Homes - Helen Smith Girls Group Home		DHS	RCC: Small Group Home	8	8	15	19	no data	Takoma Park	DHS	MD	20912	6
5000799	Community-Based	Residential Group Home	Hearts and Homes For Youth, Inc.	Hearts and Homes – Mary's Mount Manor Girls DHMH TGH		DHMH	Therapeutic Group Home	8	8	13	17	no data	Harwood	DHS	MD	20776	4

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5001397	Community-Based	Residential Group Home	Inner-County Outreach Incorporated	Inner-County Outreach - Edgewood		DHS	RCC: Small Group Home	6	Unlimited	14	18	no data	Edgewood	DHS	MD	21040	3
5020574	Community-Based	Residential Group Home	Inner-County Outreach Incorporated	Inner-County Outreach - Overlea		DHS	CPA: Treatment Foster Care	47	6	0	20	no data	Baltimore	DHS	MD	21206	31
5001453	Community-Based	Residential Group Home	Jumoke, Inc.	Jumoke, Inc. Gwynn		DHS	RCC: Small Group Home	5	Unlimited	16	19	no data	Baltimore	DHS	MD	21229	5
5001460	Community-Based	Residential Group Home	Jumoke, Inc.	Jumoke, Inc. Eveshem		DHS	RCC: Small Group Home	4	5	18	20	no data	Baltimore	DHS	MD	21239	4
5029237	Community-Based	Residential Group Home	Jumoke, Inc.	Jumoke, Inc. 33rd Street		DHS	RCC: Small Group Home	6	Unlimited	17	20	no data	Baltimore	DHS	MD	21218	5
5001491	Community-Based	Residential Group Home	Linwood Center, Inc.	Linwood Center -- Martha Bush		DHS	RCC: Large Group Home	1	no data	no data	no data	no data	Ellicott City	DHS	MD	21043	1
5077021	Community-Based	Residential Group Home	Making A Great Individual Contribution, Inc.	MAGIC Reservoir St		DHS	RCC: Large Group Home	7	no data	16	20	no data	Baltimore	DHS	MD	21217	6
5001358	Community-Based	Residential Group Home	McJoy's Joy Covenant Inc.	McJoy's Joy Covenant - Althea Ave		DHS	RCC: Small Group Home	8	3	16	20	no data	Baltimore	DHS	MD	21206	3
5029238	Community-Based	Residential Group Home	Our Fortress Homes, Inc.	Our Fortress Homes -- Hilton DHMH TGH		DHMH	CPA: Treatment Foster Care	25	Unlimited	0	18	no data	Baltimore	DHS	MD	21216	9
5001320	Community-Based	Residential Group Home	Our House, Inc.	Our House, Inc.- Zion Rd		DHS	RCC: Large Group Home	6	Unlimited	16	21	no data	Brookeville	DHS	MD	20833	2
5001532	Community-Based	Residential Group Home	Rolling Vista Place Incorporated	Rolling Vista Place - Wyanoke		DHS	RCC: Small Group Home	8	no data	16	20	no data	Baltimore	DHS	MD	21218	7
5001462	Community-Based	Residential Group Home	Sarah's House, Inc.	Sarah's House I -- 2209 Liberty Heights		DHS	RCC: Small Group Home	6	4	17	20	no data	Baltimore	DHS	MD	21217	5
5001463	Community-Based	Residential Group Home	Sarah's House, Inc.	Sarah's House II -- 2552 McCulloh		DHS	RCC: Small Group Home	5	no data	18	20	no data	Baltimore	DHS	MD	21217	5

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5011804	Community-Based	Residential Group Home	Second Family, Inc.	Second Family 1015 Minna DDA		DDA	Alternative Living Unit	4	5	0	21	no data	Capitol Heights	DHS	MD	20743	3
5011805	Community-Based	Residential Group Home	Second Family, Inc.	Second Family - 1009 Minna DDA		DDA	Alternative Living Unit	4	4	0	21	no data	Capitol Heights	DHS	MD	20743	4
5019648	Community-Based	Residential Group Home	Second Family, Inc.	Second Family 1008 Nyanga DDA		DDA	RCC: Small Group Home	5	48	0	21	no data	Capitol Heights	DHS	MD	20743	4
5049802	Community-Based	Residential Group Home	Second Family, Inc.	Second Family - 14110 Lancaster DDA		DDA	RCC: Medically Fragile	5	Unlimited	0	20	no data	Bowie	DHS	MD	20715	5
5049803	Community-Based	Residential Group Home	Second Family, Inc.	Second Family - Crosswick DDA		DDA	CPA: Treatment Foster Care	90	no data	0	20	no data	Bowie	DHS	MD	20715	64
5057093	Community-Based	Residential Group Home	Second Family, Inc.	Second Family - Kennison Lane DDA		DDA	no data	no data	Unlimited	no data	no data	no data	Bowie	DHS	MD	20715	0
5019653	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Vanderlyn DDA		DDA	RCC: Small Group Home	4	3	13	21	no data	Chesapeake City	DHS	MD	21915	3
5019654	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Short Cut DDA		DDA	RCC: Small Group Home	5	3	13	21	no data	Chesapeake City	DHS	MD	21915	5
5019655	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Pine Valley DDA		DDA	RCC: Small Group Home	3	3	13	21	no data	Elkton	DHS	MD	21921	3
5019656	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Park Towne DDA		DDA	RCC: Small Group Home	2	5	6	16	no data	Elkton	DHS	MD	21921	2
5019657	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Mary Anita DDA		DDA	RCC: Small Group Home	5	5	13	21	no data	Elkton	DHS	MD	21921	5
5019658	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven Hollywood Beach		DDA	RCC: Small Group Home	4	5	13	21	no data	Chesapeake City	DHS	MD	21915	4
5019659	Community-Based	Residential Group Home	Shorehaven, Inc	Shorehaven 108 Continental DDA		DDA	RCC: Small Group Home	5	6	13	21	no data	Elkton	DHS	MD	21921	3

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5001370	Community-Based	Residential Group Home	Southern Maryland Youth Home, Inc.	Southern Maryland Youth Home, Inc. -- 9830 Sodus Manor		DHS	RCC: Small Group Home	8	8	14	18	no data	Faulkner	DHS	MD	20632	5
5030305	Community-Based	Residential Group Home	Southern Maryland Youth Home, Inc.	Southern Maryland Youth Home -- 9840 Sodus Manor		DHS	CPA: Treatment Foster Care	54	1	0	18	no data	Faulkner	DHS	MD	20632	50
5001610	Community-Based	Residential Group Home	St. Ann's Center for Children, Youth, and Families, Inc.	St. Ann's Center for Children, Youth, and Families, Inc. Group Home		DHS	RCC: Large Group Home	5	Unlimited	0	20	no data	Hyattsville	DHS	MD	20782	2
5000645	Community-Based	Residential Group Home	The Benedictine School For Exceptional Children, Incorporated	Benedictine -- Benedictine Lane		DHS	RCC: Large Group Home	5	95	5	21	no data	Ridgely	DHS	MD	21660	2
5000746	Community-Based	Residential Group Home	The Children's Guild, Inc.	Children's Guild Harford House DHMH		DHMH	Therapeutic Group Home	8	8	12	18	no data	Baltimore	DHS	MD	21214	4
5000751	Community-Based	Residential Group Home	The Children's Home, Inc.	The Children's Home Long Term Care Group Home		DHS	RCC: Large Group Home	34	48	13	20	no data	Catonsville	DHS	MD	21228	19
5001140	Community-Based	Residential Group Home	The Maryland Salem Children's Trust, Inc.	Maryland Salem Children's Trust, Inc.		DHS	RCC: Large Group Home	12	Unlimited	9	18	no data	Frostburg	DHS	MD	21532	11
5001559	Community-Based	Residential Group Home	The National Center for Children and Families, Inc.	National Center for Children and Families RCC		DHS	RCC: Large Group Home	20	5	12	20	no data	Bethesda	DHS	MD	20817	20
5078809	Community-Based	Residential Group Home	Total Quality Residential Services, Inc.	Total Quality - Balin DDA		DDA	Alternative Living Unit	3	Unlimited	0	17	no data	Pikesville	DHS	MD	21208	2
5001482	Community-Based	Residential Group Home	Tuttie's Place	Tuttie's Place 5317 Belleville Avenue		DHS	RCC: Small Group Home	5	no data	14	17	no data	Baltimore	DHS	MD	21207	1
5001485	Community-Based	Residential Group Home	Tuttie's Place	Tuttie's Place 3720 Marmon Avenue		DHS	RCC: Small Group Home	9	5	16	20	no data	Baltimore	DHS	MD	21207	6

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5027784	Community-Based	Residential Group Home	Youth Enterprises Services, Inc.	Youth Enterprises Services, Inc. - Gwynn Oak House		DHS	RCC: Small Group Home	8	Unlimited	15	20	no data	Baltimore	DHS	MD	21207	6
5001376	Community-Based	Teen Mother Programs	Challengers Independent Living, Inc.	Challengers Teen Parent		DHS	CPA: Independent Living	39	no data	16	20	no data	Baltimore	DHS	MD	21244	26
5025699	Community-Based	Teen Mother Programs	Challengers Independent Living, Inc.	Challengers ILP -- 3 Liberty #2		DHS	CPA: Independent Living	6	Unlimited	16	20	no data	Baltimore	DHS	MD	21244	5
5025700	Community-Based	Teen Mother Programs	Challengers Independent Living, Inc.	Challengers ILP -- 5 Liberty #3		DHS	CPA: Independent Living	39	Unlimited	16	20	no data	Baltimore	DHS	MD	21244	26
5025702	Community-Based	Teen Mother Programs	Challengers Independent Living, Inc.	Challengers ILP -- 8 Liberty #3		DHS	CPA: Independent Living	6	Unlimited	16	20	no data	Baltimore	DHS	MD	21244	5
5025703	Community-Based	Teen Mother Programs	Challengers Independent Living, Inc.	Challengers ILP -- 8 Liberty #7		DHS	CPA: Independent Living	6	no data	16	20	no data	Baltimore	DHS	MD	21244	5
5035187	Community-Based	Teen Mother Programs	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Clinton	DHS	MD	20735	90
5067820	Community-Based	Teen Mother Programs	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5070247	Community-Based	Teen Mother Programs	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Independent Living	25	Unlimited	16	21	no data	Oxon Hill	DHS	MD	20745	18
5075920	Community-Based	Teen Mother Programs	CONCERN - Professional for Children and Youth, Inc.			DHS	no data	no data	no data	no data	no data	no data	Lanham	DHS	MD	20706	0
5081580	Community-Based	Teen Mother Programs	CONCERN - Professional for Children and Youth, Inc.			DHS	no data	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5001112	Community-Based	Teen Mother Programs	Hearts and Homes For Youth, Inc.	Hearts and Homes - Damamli Independent		DHS	CPA: Independent Living	11	80	16	20	no data	Burtonsville	DHS	MD	20866	3

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				Living													
5056681	Community-Based	Teen Mother Programs	Hearts and Homes For Youth, Inc.			DHS	no data	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0
5071049	Community-Based	Teen Mother Programs	Hearts and Homes For Youth, Inc.			DHS	no data	no data	no data	no data	no data	no data	Ft Washington	DHS	MD	20744	0
5001585	Community-Based	Teen Mother Programs	KidsPeace National Centers of North America, Inc.	KidsPeace CPA - Columbia		DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Columbia	DHS	MD	21044	12
5001424	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' Inc. ILP		DHS	CPA: Independent Living	25	Unlimited	no data	no data	no data	Towson	DHS	MD	21286	10
5068558	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 1713 C Aberdeen		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5075204	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' Inc. Teen Parent		DHS	CPA: Independent Living	15	Unlimited	16	20	no data	Parkville	DHS	MD	21234	14
5076567	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 1705 C Sherwood Ave		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5078466	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 5811 A Willowton		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5079909	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 2007 C Lydonlea		DHS	CPA: Independent Living	25	no data	no data	no data	no data	Baltimore	DHS	MD	21239	10
5080006	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 5100 C Lodestone		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5083544	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 2012 A Ramblewood		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5083546	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 5311 K Moravia		DHS	CPA: Independent Living	no data	2	no data	no data	no data	Baltimore	DHS	MD	21206	0
5083549	Community-Based	Teen Mother Programs	King Edwards' Inc.	King Edwards' ILP - 2004 A Ramblewood		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0

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5031549	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways -- Second Generations CPA		DHS	CPA: Independent Living	25	Unlimited	16	21	no data	Towson	DHS	MD	21204	18
5067320	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 6440 L Falkirk - ILP Second Generations		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5068545	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 1701 A Sherwood		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5070004	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 1439 C Limit		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5072517	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 2403 A Gainsborough		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5075734	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 1 B Neptune		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5075735	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 44 C Solar		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5077296	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 1441 G Limit - ILP Second Generations		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5077635	Community-Based	Teen Mother Programs	New Pathways, Inc.	New Pathways 5817 #C Willowton		DHS	CPA: Independent Living	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5077378	Community-Based	Teen Mother Programs	Pressley Ridge, Inc.			DHS	no data	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5083232	Community-Based	Therapeutic Group Homes	Foundations for Home and Community, Inc.			DHS	no data	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5023860	Community-Based	Therapeutic Group Homes	KidsPeace National Centers of North America, Inc.			DHS	no data	no data	Unlimited	no data	no data	no data	Silver Spring	DHS	MD	20901	0

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5076006	Community-Based	Therapeutic Group Homes	New Pathways, Inc.	New Pathways 3803 B Parkview		DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Baltimore	DHS	MD	21207	22
5083550	Community-Based	Therapeutic Group Homes	New Pathways, Inc.	New Pathways 2000 C Ramblewood		DHS	no data	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5032790	Community-Based	Therapeutic Group Homes	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Frederick	DHS	MD	21701	60
5072011	Community-Based	Therapeutic Group Homes	Pressley Ridge, Inc.			DHS	no data	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5000745	Community-Based	Therapeutic Group Homes	The Children's Guild, Inc.	Childrens Guild Kanner House DHMH		DHMH	Therapeutic Group Home	8	8	12	18	no data	Baltimore	DHS	MD	21215	5
5000747	Community-Based	Therapeutic Group Homes	The Children's Guild, Inc.	Childrens Guild Debuskey House DHMH		DHMH	Therapeutic Group Home	8	8	12	18	no data	Baltimore	DHS	MD	21215	6
5077998	Community-Based	Therapeutic Group Homes	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21215	60
5024766	Community-Based	Residential Child Care Program (Group Ho	Woods Services	The Woods Group Home		OOS	RCC: Large Group Home		10	0	20	no data	Langhorne	DHS	PA	19047	1

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133	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Hearts & Homes for Youth -John C. Tracey Grp Home							635,Maryland Ave	635,Maryland Ave	Rockville	Montgomery	MD	20850	4
134	Community-Based	Residential Child Care Program (Group Homes)	Therapeutic Group Home	Hearts & Homes for Youth- Mary's Mount Manor TGH							25,Marys Mount Rd	25,Marys Mount Rd	Harwood	Anne Arundel	MD	20776	1
139	Community-Based	Independent Living	Independent Living	National Center for Children and Families - Future Bound Independent Living							309,Congressional Lane	309,Congressional Lane	Rockville	Montgomery	MD	20852	1
144	Community-Based	Residential Child Care Program (Group Homes)	Group Home	The Board of Child Care - Group Home - Semi-Independent Living							3300,Gait her Road #5	3300,Gait her Road #5	Baltimore	Baltimore County	MD	21244	3
147	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Cedar Ridge Ministries - Cedar Ridge - Jordan House Group Home							12146,Cedar Ridge Children's Home	12146,Cedar Ridge Children's Home	Williamsport	Washington	MD	21795	7
196	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Hearts & Homes for Youth - Jump Start Transitional Boy's Home							4109,Queensbury Road	4109,Queensbury Road	Hyattsville	Prince George's	MD	20781	2

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220	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Oak Hill House-US Fellowship Inc.							12806, Independence Road	12806, Independence Road	Clear Spring	Washington	MD	21722	8
222	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Our House Youth Home							19715, Zion Road	19715, Zion Road	Brookeville	Montgomery	MD	20833	6
238	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Children's Resources - Shiningtree Childrens' Home							21328, Mount Aetna Road	21328, Mount Aetna Road	Hagerstown	Washington	MD	21741	8
243	Community-Based	Residential Child Care Program (Group Homes)	Group Home	St Ann's Infant and Maternity Home - Group Home							4901, Eastern Ave	4901, Eastern Ave	Hyattsville	Prince George's	MD	20782	1
399	Community-Based	Independent Living	Independent Living	New Pathways- Independence Plus							110, West Road, Suite 430	110, West Road, Suite 430	Baltimore	Baltimore County	MD	21204	3
434	Community-Based	Residential Child Care Program (Group Homes)	Therapeutic Group Home	Cedar Ridge Ministries - Cedar Ridge - Faith Cottage - Therapeutic Group Home							12146, Cedar Ridge Road	12146, Cedar Ridge Road	Williamsport	Washington	MD	21795	11

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1412777	Community-Based	Residential Child Care Program (Group Homes)	Group Home	ARC of Washington County-Foundations - Children's Residential Services (CRS)							343,S. Potomac Street	343,S. Potomac Street	Hagertown	Washington	MD	21740	5
1430691	Community-Based	Independent Living	Independent Living	Hearts and Homes - Damamli Independent Living Prog for Pregnant and Teen Mother							3919,National Drive , Suite 400	3919,National Drive , Suite 400	Burtonsville	Prince George's	MD	20866	2
1447169	Community-Based	Residential Child Care Program (Group Homes)	Therapeutic Group Home	Hearts and Homes - Avis Birely Therapeutic Group Home							11320,Schuykill Rd.	11320,Schuykill Rd.	Rockville	Montgomery	MD	20852	7
1457419	Community-Based	Residential Child Care Program (Group Homes)	Therapeutic Group Home	Children's Home Transitions-High Intensity Group Home - DETP							205,Bloomsbury Avenue	205,Bloomsbury Avenue	Catonsville	Baltimore County	MD	21228	1
1869318	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Maryland Salem Children's Trust Group Home							605, Salem Dr.	605,Salem Dr.	Frostburg	Allegany	MD	21532	7
2462164	Community-Based	Independent Living	Independent Living	Jumoke - Independent Living							1100,Bolton Street	1100,Bolton Street	Baltimore	Baltimore City	MD	21201	3

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2573719	Community-Based	Residential Child Care Program (Group Homes)	Group Home	One Love Group Home - Building Communities Today for Tomorrow							5301, St. Georges Avenue	5301, St. Georges Avenue	Baltimore City	Baltimore City	MD	21212	5
2700730	Community-Based	Independent Living	Independent Living	Mentor Maryland - Baltimore - Independent Living							1540, Caton Center Drive	1540, Caton Center Drive	Baltimore	Baltimore County	MD	21227	1
2700915	Community-Based	Independent Living	Independent Living	Mentor Maryland - Salisbury - Independent Living							620, Naylor Mill Road	620, Naylor Mill Road	Salisbury	Wicomico	MD	21801	3
2874271	Community-Based	Residential Child Care Program (Group Homes)	Group Home	Jumoke - Group Homes							1100, Bolton Street	1100, Bolton Street	Baltimore	Baltimore City	MD	21201	1
3021350	Community-Based	Residential Child Care Program (Group Homes)	Therapeutic Group Home	The Board of Child Care - High Intensity Group Home							3300, Gaither Road #5	3300, Gaither Road #5	Baltimore	Baltimore County	MD	21244	7
3172946	Community-Based	Residential Child Care Program (Group Homes)	Group Home	MAGIC - Purnell Drive							2633, Purnell Drive	2633, Purnell Drive	Baltimore	Baltimore County	MD	21207	1
	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	2

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	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	2
	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	1
	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	1
	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	2
	Community-Based	CSLA/PS	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Howard	MD	21212	1
	Community-Based	CSLA/PS	ABILITIES NETWORK			DDA						8503 LASALLE RD	TOWSON	Baltimore	MD	21286	1
	Community-Based	CSLA/PS	EMERGE			DDA						9180 RUMSEY RD	COLUMBIA	Howard	MD	21045	2
	Community-Based	CSLA/PS	UNIFIED COMMUNITY CONNECTIONS (UC2)			DDA						11350 MCCORMICK RD	HUNT VALLEY	Frederick	MD	21031	1
	Community-Based	CSLA/PS	FIDELITY RESOURCES INC.			DDA						1018 CROMWELL BRIDGE RD	TOWSON	Baltimore	MD	21286	1
	Community-Based	CSLA/PS	FIDELITY RESOURCES INC.			DDA						1018 CROMWELL BRIDGE RD	TOWSON	Baltimore	MD	21286	1
	Community-Based	CSLA/PS	FIDELITY RESOURCES INC.			DDA						1018 CROMWELL BRIDGE RD	TOWSON	Baltimore	MD	21286	2
	Community-Based	CSLA/PS	DOVE POINTE RESIDENTIAL SVC			DDA						P.O. BOX 1610	SALISBURY	Wicomico	MD	21804	1
	Community-Based	CSLA/PS	BAY SHORE SERVICES, INC.			DDA						1235 PEMBERTON DRIVE	SALISBURY	Wicomico	MD	21801	2

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	Community-Based	CSLA/PS	ARC OF SOUTHERN MARYLAND INC			DDA						PO BOX 1860	PRINCE FREDERICK	Calvert	MD	20678	2
	Community-Based	CSLA/PS	ARC OF SOUTHERN MARYLAND INC			DDA						PO BOX 1860	PRINCE FREDERICK	Calvert	MD	20678	1
	Community-Based	CSLA/PS	ARC OF SOUTHERN MARYLAND INC			DDA						PO BOX 1860	PRINCE FREDERICK	Charles	MD	20678	2
	Community-Based	CSLA/PS	ARC OF SOUTHERN MARYLAND INC			DDA						PO BOX 1860	PRINCE FREDERICK	Calvert	MD	20678	2
	Community-Based	CSLA/PS	MELWOOD HORTICULTURAL TRAINING CENTER			DDA						5606 DOWER HOUSE ROAD	UPPER MARLBORO	Prince George's	MD	20772	2
	Community-Based	CSLA/PS	ARC OF MONTGOMERY COUNTY INC			DDA						11600 NEBEL STREET	ROCKVILLE	Montgomery	MD	20852	4
	Community-Based	CSLA/PS	ARC OF MONTGOMERY COUNTY INC			DDA						11600 NEBEL STREET	ROCKVILLE	Montgomery	MD	20852	1
	Community-Based	CSLA/PS	ARC OF PRINCE GEORGES CO INC			DDA						1401 MCCORMICK DRIVE	LARGO	Prince George's	MD	20774	2
	Community-Based	CSLA/PS	LT JOSEPH P KENNEDY INSTIT			DDA						801 BUCHANAN STREET NE	WASHINGTON	Montgomery	DC	20017	2
	Community-Based	CSLA/PS	LT JOSEPH P KENNEDY INSTIT			DDA						801 BUCHANAN STREET NE	WASHINGTON	Montgomery	DC	20017	2
	Community-Based	CSLA/PS	LT JOSEPH P KENNEDY INSTIT			DDA						801 BUCHANAN STREET NE	WASHINGTON	Montgomery	DC	20017	2
	Community-Based	CSLA/PS	JEWISH SOCIAL SERVICE AGENCY			DDA						200 WOODHILL ROAD	ROCKVILLE	Montgomery	MD	20850	2

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	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	4
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	1
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	CSLA/PS	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	CSLA/PS	BAY COMMUNITY SUPPORT SERVICES, INC.			DDA						3168 BRAVERTON STREET	EDGEWATER	Anne Arundel	MD	21037	1
	Community-Based	CSLA/PS	BAY COMMUNITY SUPPORT SERVICES, INC.			DDA						3168 BRAVERTON STREET	EDGEWATER	St. Mary	MD	21037	2
	Community-Based	CSLA/PS	NATIONAL CHILDRENS CENTER			DDA						8757 GEORGIA AVENUE	SILVER SPRING	Montgomery	MD	20910	2
	Community-Based	CSLA/PS	LIVING HOPE, INC.			DDA						7610 VICAR STREET	NEW CARROLLTON,	Prince George's	MD	20784	2
	Community-Based	CSLA/PS	LIVING HOPE, INC.			DDA						7610 VICAR STREET	NEW CARROLLTON,	Montgomery	MD	20784	2
	Community-Based	CSLA/PS	SOCIAL HEALTH SERVICES GROUP INC			DDA						7304 LOANDA DRIVE	UPPER MARLBORO	Howard	MD	20772	1

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	Community-Based	CSLA/PS	INCLUSION SERVICES INC.			DDA						229 WASHINGTON BOULEVARD	LAUREL	Montgomery	MD	20707	2
	Community-Based	CSLA/PS	INCLUSION SERVICES INC.			DDA						229 WASHINGTON BOULEVARD	LAUREL	Montgomery	MD	20707	4
	Community-Based	CSLA/PS	INCLUSION SERVICES INC.			DDA						229 WASHINGTON BOULEVARD	LAUREL	Montgomery	MD	20707	2
	Community-Based	CSLA/PS	IHCOS CARE ASSOCIATES, INC			DDA						12719 GORMAN CIRCLE	BOYDS	Montgomery	MD	20841	2
	Community-Based	CSLA/PS	IHCOS CARE ASSOCIATES, INC			DDA						12719 GORMAN CIRCLE	BOYDS	Montgomery	MD	20841	1
	Community-Based	CSLA/PS	COMMUNITY LIVING INC			DDA						620-B RESEARCH COURT	FREDERICK	Frederick	MD	21703	1
	Community-Based	CSLA/PS	COMMUNITY LIVING INC			DDA						620-B RESEARCH COURT	FREDERICK	Frederick	MD	21703	1
	Community-Based	CSLA/PS	ARC/WASHINGTON CO.			DDA						820 FLORIDA AVENUE	HAGERSTOWN	Allegany	MD	21740	2
	Community-Based	CSLA/PS	ARC/WASHINGTON CO.			DDA						820 FLORIDA AVENUE	HAGERSTOWN	Washington	MD	21740	2
	Community-Based	CSLA/PS	ARC OF CARROLL COUNTY INC			DDA						180 KRIDERS CHURCH ROAD	WESTMINSTER	Carroll	MD	21158	2
	Community-Based	CSLA/PS	ARC OF CARROLL COUNTY INC			DDA						180 KRIDERS CHURCH ROAD	WESTMINSTER	Carroll	MD	21158	1
	Community-Based	CSLA/PS	ARC OF CARROLL COUNTY INC			DDA						180 KRIDERS CHURCH ROAD	WESTMINSTER	Carroll	MD	21158	2
	Community-Based	CSLA/PS	CHANGE, INC.			DDA						115 STONER AVENUE	WESTMINSTER	Carroll	MD	21157	2

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	Community-Based	CSLA/PS	TARGET COMMUNITY AND EDUCATIONAL SERVICES			DDA						111 STONER AVENUE	WESTMINSTER	Carroll	MD	21157	2
	Community-Based	RES: ALU	LINWOOD CENTER, INC.			DDA						3421 MARTHA BUSH DRIVE	ELLCOTT CITY	Howard	MD	21043	1
	Community-Based	RES: ALU	LANGTON GREEN			DDA						3016 ARUNDEL ON THE BAY RD	ANNAPOLIS	Anne Arundel	MD	21403	1
	Community-Based	RES: ALU	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	1
	Community-Based	RES: ALU	THE ARC BALTIMORE			DDA						7215 YORK ROAD	BALTIMORE	Baltimore	MD	21212	1
	Community-Based	RES: ALU	PROGRESS UNLIMITED			DDA						11431 CRONHILL DRIVE	OWINGS MILLS	Baltimore	MD	21117	1
	Community-Based	RES: ALU	FORWARD VISIONS			DDA						120 COCKEYSVILLE ROAD	HUNT VALLEY	Baltimore	MD	21030	1
	Community-Based	RES: ALU	CBAIN/NCIA			DDA						7222 AMBASSADOR ROAD	WINDSOR MILL	Baltimore	MD	21244	1
	Community-Based	RES: ALU	STARFLIGHT ENTERPRISE INC			DDA						8930 OLD ANNAPOLIS ROAD	COLUMBIA	Howard	MD	21045	2
	Community-Based	RES: ALU	CREATIVE OPTIONS			DDA						9411 PHILADELPHIA ROAD	ROSEDALE	Baltimore	MD	21237	1
	Community-Based	RES: ALU	CREATIVE OPTIONS			DDA						9411 PHILADELPHIA ROAD	ROSEDALE	Baltimore	MD	21237	1
	Community-Based	RES: ALU	SHURA			DDA						116 SLADE AVENUE	PIKESVILLE	Baltimore	MD	21208	1
	Community-Based	RES: ALU	CENTER FOR SOCIAL CHANGE			DDA						6600 AMBERTON DRIVE	ELKRIDGE	Baltimore	MD	21075	1

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	Community-Based	RES: ALU	INNOVATIVE SERVICES, INC.			DDA						300 REDLAND COURT	OWINGS MILLS	Baltimore	MD	21117	1
	Community-Based	RES: ALU	LIVING SANS FRONTIERE S, INC.			DDA						7124 ABMASSADOR ROAD	WINDSOR MILL	Baltimore	MD	21244	1
	Community-Based	RES: ALU	LIVING SANS FRONTIERE S, INC.			DDA						7124 ABMASSADOR ROAD	WINDSOR MILL	Baltimore	MD	21244	1
	Community-Based	RES: ALU	LIVING SANS FRONTIERE S, INC.			DDA						7124 ABMASSADOR ROAD	WINDSOR MILL	Baltimore	MD	21244	2
	Community-Based	RES: ALU	LIVING SANS FRONTIERE S, INC.			DDA						7124 ABMASSADOR ROAD	WINDSOR MILL	Baltimore	MD	21244	1
	Community-Based	RES: ALU	EROSUN INC.			DDA						1045 TAYLOR AVENUE	TOWSON	Baltimore	MD	21286	1
	Community-Based	RES: ALU	EROSUN INC.			DDA						1045 TAYLOR AVENUE	TOWSON	Baltimore	MD	21286	1
	Community-Based	RES: ALU	EROSUN INC.			DDA						1045 TAYLOR AVENUE	TOWSON	Baltimore	MD	21286	1
	Community-Based	RES: ALU	DESTINY'S GROUP HOME, INC			DDA						2230 GARRISON BLVD	BALTIMORE	Baltimore	MD	21216	1
	Community-Based	RES: ALU	RESIDENTIAL ADVOCACY REACHING EXCELLENCE, INC.			DDA						4101 DAYLILY DRIVE	OWINGS MILLS	Baltimore	MD	21117	2
	Community-Based	RES: ALU	STANDARD INTEGRATED SUPPORTS, INC			DDA						10220 S. DOLFIELD ROAD	OWINGS MILLS	Baltimore	MD	21117	1
	Community-Based	RES: ALU	KENT CENTER INC.			DDA						215 SCHEELER ROAD	CHESTER TOWN	Kent	MD	21620	1
	Community-Based	RES: ALU	SOMERSET COMMUNITY			DDA						P.O. BOX 18	MARION	Wicomico	MD	21804	1

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			SERVICES, INC.														
	Community-Based	RES: ALU	DOVE POINTE RESIDENTIAL SVC			DDA						P.O. BOX 1610	SALISBURY	Wicomico	MD	21804	1
	Community-Based	RES: ALU	CSAAC			DDA						8615 EAST VILLAGE AVENUE	MONTGOMERY VILLAGE	Montgomery	MD	20886	2
	Community-Based	RES: ALU	VOCA CORPORATION			DDA						9901 LINN STATION ROAD	LOUISVILLE	Prince George's	KY	40223	2
	Community-Based	RES: ALU	COMMUNITY SUPPORT SERVICES			DDA						9075 COMPRINT COURT	GAITHERSBURG	Montgomery	MD	20877	2
	Community-Based	RES: ALU	LIVING HOPE, INC.			DDA						7610 VICAR STREET	NEW CARROLLTON,	Prince George's	MD	20784	2
	Community-Based	RES: ALU	SOCIAL HEALTH SERVICES GROUP INC			DDA						7304 LOANDA DRIVE	UPPER MARLBORO	Howard	MD	20772	1
	Community-Based	RES: ALU	POOL OF BETHESDA COMMUNITY SERVICES, INC.			DDA						5020 SUNNYSIDE AVENUE	BELTSVILLE	Baltimore	MD	20705	2
	Community-Based	RES: ALU	POOL OF BETHESDA COMMUNITY SERVICES, INC.			DDA						5020 SUNNYSIDE AVENUE	BELTSVILLE	Baltimore	MD	20705	1
	Community-Based	RES: ALU	POOL OF BETHESDA COMMUNITY SERVICES, INC.			DDA						5020 SUNNYSIDE AVENUE	BELTSVILLE	Baltimore	MD	20705	1
	Community-Based	RES: ALU	COMMUNITY OPTIONS, INC			DDA						200 GRANT AVENUE	PHILADELPHIA	Montgomery	PA	19115	1
	Community-Based	RES: ALU	COMMUNITY OPTIONS, INC			DDA						200 GRANT AVENUE	PHILADELPHIA	Montgomery	PA	19115	2

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	Community-Based	RES: ALU	WAY STATION			DDA						P.O. BOX 3826	FREDERICK	Frederick	MD	21705	2
	Community-Based	RES: GH	ATHELAS INSTITUTE			DDA						9104 RED BRANCH RD.	COLUMBIA	Howard	MD	21045	1
	Community-Based	RES: GH	A.C.C./F.X. GALLAGHER			DDA						2520 POT SPRING RD	TIMONIUM	Baltimore	MD	21093	1
	Community-Based	RES: GH	CHIMES INC.			DDA						4815 SETON DRIVE	BALTIMORE	Baltimore	MD	21215	1
	Community-Based	RES: GH	KENT CENTER INC.			DDA						215 SCHEELER ROAD	CHESTERTOWN	Kent	MD	21620	4
	Community-Based	RES: GH	CHESAPEAKE GROUP HOMES			DDA						P.O. BOX 1906	EASTON	Talbot	MD	21601	1
	Community-Based	RES: GH	SOMERSET COMMUNITY SERVICES, INC.			DDA						P.O. BOX 18	MARION	Somerset	MD	21804	1
	Community-Based	RES: GH	DOVE POINTE RESIDENTIAL SVC			DDA						P.O. BOX 1610	SALISBURY	Wicomico	MD	21804	1
	Community-Based	RES: GH	SECOND FAMILY ADULT HOMES, INC			DDA						6911 LAUREL BOWIE ROAD, SUITE 203	BOWIE	Prince George's	MD	20715	1
	Community-Based	RES: GH	SECOND FAMILY ADULT HOMES, INC			DDA						6911 LAUREL BOWIE ROAD, SUITE 203	BOWIE	Prince George's	MD	20715	1
	Community-Based	RES: GH	V & T RESIDENTIAL SERVICES			DDA						15401 DOVEHEART LANE	BOWIE	Prince George's	MD	20721	1
	Community-Based	RES: GH	ACIDD MARYLAND			DDA						300 THOMAS DRIVE	LAUREL	Prince George's	MD	20707	2
	Community-Based	RES: GH	COMMUNITY OPTIONS, INC			DDA						200 GRANT AVENUE	PHILADELPHIA	Montgomery	PA	19115	1

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	Community-Based	RES: GH	ARC/WASHINGTON CO.			DDA						820 FLORIDA AVENUE	HAGERSTOWN	Washington	MD	21740	1
	Community-Based	RES: GH	ARC/WASHINGTON CO.			DDA						820 FLORIDA AVENUE	HAGERSTOWN	Washington	MD	21740	2
	Community-Based	RES: GH	ARC/WASHINGTON CO.			DDA						820 FLORIDA AVENUE	HAGERSTOWN	Washington	MD	21740	1
	Community-Based	RES: GH	WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL			DDA						433 BREWER AVENUE	HAGERSTOWN	Washington	MD	21740	1
5000487	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.	Arrow Child & Family - CPA TFC Baltimore		DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Baltimore	DHS	MD	21234	50
5000503	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Edgewood	DHS	MD	21040	50
5000513	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Baltimore	DHS	MD	21206	50
5000522	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Glen Burnie	DHS	MD	21060	50
5000541	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Salisbury	DHS	MD	21801	0
5023485	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Baltimore	DHS	MD	21218	50

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5023519	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Aberdeen	DHS	MD	21001	64
5023595	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Baltimore	DHS	MD	21239	64
5023836	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Windsor Mill	DHS	MD	21244	50
5023839	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	1	no data	0	20	no data	Woodlawn	DHS	MD	21207	0
5029830	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	53	Unlimited	0	20	no data	Crisfield	DHS	MD	21817	25
5030097	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.	Arrow Child & Family - CPA TFC Salisbury		DHS	CPA: Treatment Foster Care	3	8	0	20	no data	Salisbury	DHS	MD	21801	1
5030472	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	RCC: Small Group Home	7	Unlimited	14	18	no data	Cambridge	DHS	MD	21613	7
5031840	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	25	Unlimited	0	18	no data	Delmar	DHS	MD	21875	9
5031841	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	25	1	0	18	no data	Salisbury	DHS	MD	21801	9

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5031851	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Salisbury	DHS	MD	21804	50
5031882	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Edgewood	DHS	MD	21040	39
5032099	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Baltimore	DHS	MD	21229	39
5035378	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	10	Unlimited	0	20	no data	Baltimore	DHS	MD	21234	6
5036773	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Abingdon	DHS	MD	21009	0
5045470	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5054539	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	25	Unlimited	0	18	no data	Windsor Mill	DHS	MD	21244	9
5054540	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	45	4	0	20	no data	Salisbury	DHS	MD	21801	38
5058688	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	5	0	18	no data	Owings Mills	DHS	MD	21117	50

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5058689	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5059544	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Manchester	DHS	MD	21102	42
5059794	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	23	no data	0	20	no data	Baltimore	DHS	MD	21239	8
5062017	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Bel Air	DHS	MD	21014	90
5065941	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20720	0
5065942	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20724	0
5070898	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5072685	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5074260	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Randallstown	DHS	MD	21133	39

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5077198	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Cockeysville	DHS	MD	21030	50
5077782	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Owings Mills	DHS	MD	21117	50
5079207	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Fruitland	DHS	MD	21816	50
5080470	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Pikesville	DHS	MD	21208	50
5081353	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21229	0
5081675	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20785	0
5081680	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Essex	DHS	MD	21221	0
5081933	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Joppa	DHS	MD	21085	50
5082177	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Salisbury	DHS	MD	21801	0

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5083229	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Brooklyn	DHS	MD	21225	0
5083311	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5083627	Family Home Settings	Treatment Foster Care (Private)	Arrow Child & Family Ministries of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5000553	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.	Associated Catholic Charities, TFC, Baltimore		DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Baltimore	DHS	MD	21218	22
5000558	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Street	DHS	MD	21154	22
5000563	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Nottingham	DHS	MD	21237	0
5000571	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5000583	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Baltimore	DHS	MD	21223	22
5000584	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Gwynn Oak	DHS	MD	21207	22

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5000585	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5000590	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pylesville	DHS	MD	21132	0
5000594	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21205	0
5000601	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21208	0
5000608	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Joppa	DHS	MD	21085	0
5000610	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Street	DHS	MD	21154	0
5000624	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5020276	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	RCC: Small Group Home	6	5	11	17	no data	Aberdeen	DHS	MD	21001	5
5022940	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0

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5023013	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	56	no data	0	21	no data	Bel Air	DHS	MD	21015	22
5023018	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	28	no data	0	20	no data	Baltimore	DHS	MD	21244	20
5024124	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	42
5031744	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Laurel	DHS	MD	20724	0
5031747	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0
5031767	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	54	4	0	18	no data	Pikesville	DHS	MD	21208	50
5040672	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Parkville	DHS	MD	21234	90
5043662	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5044839	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	28	no data	0	20	no data	Edgewood	DHS	MD	21040	20

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5046931	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Baltimore	DHS	MD	21229	39
5051346	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5055433	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Baltimore	DHS	MD	21214	31
5057677	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	6	no data	0	20	no data	Baltimore	DHS	MD	21206	6
5059791	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Forest Hill	DHS	MD	21050	50
5060289	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	1	Unlimited	0	20	no data	Baltimore	DHS	MD	21209	0
5075736	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5076041	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21236	0
5076422	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Woodstock	DHS	MD	21163	0

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5081236	Family Home Settings	Treatment Foster Care (Private)	Associated Catholic Charities Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Glen Burnie	DHS	MD	21061	0
5001420	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.	Baltimore Adolescent Treatment Guidance Organization CPA		DHS	CPA: Treatment Foster Care	24	3	14	20	no data	Baltimore	DHS	MD	21215	19
5024802	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Edgewood	DHS	MD	21040	19
5024804	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Baltimore	DHS	MD	21239	19
5024813	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5024819	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Baltimore	DHS	MD	21206	19
5024820	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Baltimore	DHS	MD	21212	19
5024822	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	RCC: Small Group Home	6	2	16	20	no data	Baltimore	DHS	MD	21207	6
5070063	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0

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5075328	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5077228	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	Unlimited	14	20	no data	Gwynn Oak	DHS	MD	21207	19
5078550	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Baltimore	DHS	MD	21218	19
5081659	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5082172	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21208	0
5082627	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5082915	Family Home Settings	Treatment Foster Care (Private)	Baltimore Adolescent Treatment Guidance Organization, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5000663	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	10	Unlimited	0	20	no data	Baltimore	DHS	MD	21215	6
5034286	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church,			DHS	CPA: Treatment Foster Care	10	no data	0	20	no data	Linthicum	DHS	MD	21090	6

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			Incorporated														
5034815	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5035385	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Pikesville	DHS	MD	21208	0
5050405	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Upper Marlboro	DHS	MD	20772	64
5057950	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	White Plains	DHS	MD	20695	0
5060582	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	3	no data	no data	no data	no data	Prince Frederick	DHS	MD	20678	2
5066570	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	6	Unlimited	0	20	no data	Upper Marlboro	DHS	MD	20772	1
5077786	Family Home Settings	Treatment Foster Care (Private)	Board of Child Care of the United Methodist Church, Incorporated			DHS	CPA: Treatment Foster Care	10	Unlimited	0	20	no data	Mechanicsville	DHS	MD	20659	6
5022902	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	49	10	0	20	no data	Windor Mill	DHS	MD	21244	39

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5022911	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	49	Unlimited	0	20	no data	Baltimore	DHS	MD	21225	39
5022913	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	49	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	39
5022924	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Catonsville	DHS	MD	21228	39
5022925	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Westminster	DHS	MD	21158	0
5032097	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Landover	DHS	MD	20785	50
5032105	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Catonsville	DHS	MD	21218	0
5035862	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5042115	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Gwynn Oak	DHS	MD	21207	18
5043352	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21229	0

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5046936	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Germantown	DHS	MD	20876	44
5047932	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	37	no data	0	20	no data	Halethorpe	DHS	MD	21227	28
5048568	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Baltimore	DHS	MD	21206	44
5054315	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Baltimore	DHS	MD	21206	44
5060290	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Baltimore	DHS	MD	21218	44
5068067	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Annapolis	DHS	MD	21409	0
5070362	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children	Building Families for Children TFC Columbia		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Columbia	DHS	MD	21046	0
5071114	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5073756	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Poolesville	DHS	MD	20837	0

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5074263	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5076078	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glen Burnie	DHS	MD	21061	0
5076080	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5077374	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	7	no data	no data	no data	Odenton	DHS	MD	21113	0
5077796	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Columbia	DHS	MD	21045	39
5081232	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5083325	Family Home Settings	Treatment Foster Care (Private)	Building Families for Children			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20708	0
5001499	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc	CONCERN Lanham CPA		DHS	CPA: Treatment Foster Care	45	20	0	20	no data	Lanham	DHS	MD	20706	38
5023984	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	13	Unlimited	0	20	no data	Clinton	DHS	MD	20735	6

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5023995	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	45	Unlimited	0	20	no data	Fortt Washington	DHS	MD	20744	38
5024002	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	13	Unlimited	0	20	no data	Capital Heights	DHS	MD	20743	6
5024005	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	1	Unlimited	0	20	no data	Bowie	DHS	MD	20716	1
5024025	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	45	Unlimited	0	20	no data	Silver Spring	DHS	MD	20902	38
5024047	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	13	Unlimited	0	20	no data	Waldorf	DHS	MD	20602	6
5024048	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	45	Unlimited	0	20	no data	Upper Marlboro	DHS	MD	20774	38
5024049	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20774	0
5040880	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Lanham	DHS	MD	20706	0
5040883	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Clinton	DHS	MD	20735	0

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5042202	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Clinton	DHS	MD	20735	0
5044623	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Lusby	DHS	MD	20657	0
5054547	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Capital Heights	DHS	MD	20743	28
5063273	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5067027	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20708	0
5068146	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Upper Marlboro	DHS	MD	20774	0
5074931	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Silver Spring	DHS	MD	20901	0
5075737	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20715	0
5077321	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Rockville	DHS	MD	20851	0

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5083313	Family Home Settings	Treatment Foster Care (Private)	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5001490	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.	Foundations For Home and Community CPA - TFC		DHS	CPA: Treatment Foster Care	90	9	0	20	no data	Lanham	DHS	MD	20706	64
5023384	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Brandywine	DHS	MD	20613	27
5023478	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Bowie	DHS	MD	20716	64
5023481	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Ft Washington	DHS	MD	20744	64
5023484	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Indian Head	DHS	MD	20640	50
5023546	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Forestville	DHS	MD	20747	64
5023576	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Cheltenham	DHS	MD	20623	50
5023632	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Ft Washington	DHS	MD	20744	64

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5023637	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Landover	DHS	MD	20785	64
5023640	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Bowie	DHS	MD	20721	64
5023644	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Lanham	DHS	MD	20706	64
5023673	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Bowie	DHS	MD	20720	64
5023707	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Ft Washington	DHS	MD	20744	64
5023714	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Upper Marlboro	DHS	MD	20772	64
5023768	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Landover	DHS	MD	20785	64
5023787	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Temple Hills	DHS	MD	20748	64
5023790	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Waldorf	DHS	MD	20601	27

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5033765	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Suitland	DHS	MD	20746	64
5033772	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Hyattsville	DHS	MD	20784	64
5033783	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Upper Marlboro	DHS	MD	20772	64
5033785	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5033840	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Accokeek	DHS	MD	20607	64
5033847	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Cheltenham	DHS	MD	20623	0
5035621	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	64
5035635	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Brandywine	DHS	MD	20613	64
5035643	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Ft Washington	DHS	MD	20744	64

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5035644	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Parkville	DHS	MD	21234	0
5039708	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	30	5	0	21	no data	Waldorf	DHS	MD	20601	18
5042580	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	47	no data	no data	no data	no data	Baltimore	DHS	MD	21207	26
5046263	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Mt Rainier	DHS	MD	20712	0
5048646	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Crofton	DHS	MD	21114	0
5048648	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5050205	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	64
5050216	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	29	no data	0	20	no data	Germantown	DHS	MD	20874	15
5050545	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	RCC: Medically Fragile	5	Unlimited	0	20	no data	Baltimore	DHS	MD	21229	5

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5055650	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Mitchellville	DHS	MD	20721	0
5062610	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Ft Washington	DHS	MD	20744	0
5065527	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5065584	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5066824	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Temple Hills	DHS	MD	20748	0
5069059	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0
5069783	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	2	no data	0	20	no data	Upper Marlboro	DHS	MD	20774	2
5070143	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Waldorf	DHS	MD	20601	0
5072024	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bryans Road	DHS	MD	20616	0

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5072893	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20784	0
5074533	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21214	0
5074988	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Indian Head	DHS	MD	20640	0
5076066	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Ellicott City	DHS	MD	21043	0
5076906	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5078324	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Brandywine	DHS	MD	20613	0
5078326	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Hyattsville	DHS	MD	20785	0
5078775	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Bowie	DHS	MD	20716	0
5080429	Family Home Settings	Treatment Foster Care (Private)	Foundations for Home and Community, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Montgomery Village	DHS	MD	20886	0

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5023067	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	58	no data	0	20	no data	Cheltenham	DHS	MD	20623	49
5044868	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5046041	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Independent Living	7	no data	18	20	no data	Bowie	DHS	MD	20716	3
5056197	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	47	Unlimited	no data	no data	no data	Bowie	DHS	MD	20716	26
5069061	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glenn Dale	DHS	MD	20769	0
5071326	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Clinton	DHS	MD	20735	0
5071327	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5071750	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Clinton	DHS	MD	20735	39
5074932	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20785	0

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5077636	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Laurel	DHS	MD	20708	0
5077792	Family Home Settings	Treatment Foster Care (Private)	Good Children in the Making, Inc.			DHS	CPA: Treatment Foster Care	28	no data	0	20	no data	Upper Marlboro	DHS	MD	20772	20
5000800	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.	Hearts and Homes - Family Ties Treatment Foster Care		DHS	CPA: Treatment Foster Care	23	Unlimited	0	20	no data	Burtonsville	DHS	MD	20866	8
5032289	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.			DHS	CPA: Treatment Foster Care	1	Unlimited	0	20	no data	Union Bridge	DHS	MD	21791	1
5032298	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.			DHS	CPA: Treatment Foster Care	23	Unlimited	0	20	no data	Silver Spring	DHS	MD	20904	8
5032304	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Capitol Heights	DHS	MD	20743	28
5057462	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Baltimore	DHS	MD	21244	90
5059815	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Greenbelt	DHS	MD	20770	44
5080745	Family Home Settings	Treatment Foster Care (Private)	Hearts and Homes For Youth, Inc.	Hearts & Homes ILP - 1753 #B Champlain		DHS	CPA: Independent Living	11	no data	16	20	no data	Baltimore	DHS	MD	21207	3

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5001587	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.	Kennedy Krieger TFC Program		DHS	CPA: Treatment Foster Care	38	Unlimited	0	21	no data	Baltimore	DHS	MD	21213	27
5023429	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Baltimore	DHS	MD	21206	18
5023433	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Baltimore	DHS	MD	21214	18
5023455	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Baltimore	DHS	MD	21215	18
5023460	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Baltimore	DHS	MD	21214	64
5023825	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Rosedale	DHS	MD	21237	18
5023830	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Baltimore	DHS	MD	21229	50
5023887	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Baltimore	DHS	MD	21207	18
5023927	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	21	no data	Laurel	DHS	MD	20723	27

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5023944	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Baltimore	DHS	MD	21225	18
5023947	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Baltimore	DHS	MD	21215	18
5023948	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Baltimore	DHS	MD	21215	27
5023954	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	21	no data	Baltimore	DHS	MD	21228	27
5023955	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	29	Unlimited	0	20	no data	Baltimore	DHS	MD	21212	15
5033249	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21220	12
5036777	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	58	no data	0	20	no data	Owings Mills	DHS	MD	21117	49
5039800	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	7	no data	no data	no data	Street	DHS	MD	21154	0
5041871	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0

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5042128	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5044240	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	45	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	38
5059417	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Taneytown	DHS	MD	21787	0
5065927	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	1	no data	0	20	no data	Baltimore	DHS	MD	21206	1
5066838	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Glen Burnie	DHS	MD	21061	90
5067903	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5070086	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Westminster	DHS	MD	21158	0
5072690	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5073247	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0

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5073250	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21220	0
5075342	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5075742	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hampstead	DHS	MD	21074	0
5083387	Family Home Settings	Treatment Foster Care (Private)	Kennedy Krieger Institute, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Timonium	DHS	MD	21093	0
5023849	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	37	no data	0	20	no data	Baltimore	DHS	MD	21207	12
5033461	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	29	Unlimited	0	20	no data	Severn	DHS	MD	21144	15
5059003	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Sykesville	DHS	MD	21784	0
5067902	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5069068	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20707	0

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5076849	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Columbia	DHS	MD	21045	0
5077854	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5079719	Family Home Settings	Treatment Foster Care (Private)	KidsPeace National Centers of North America, Inc.			DHS	CPA: Treatment Foster Care	no data	3	no data	no data	no data	Baltimore	DHS	MD	21207	0
5001380	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland - Lanham		DHS	CPA: Treatment Foster Care	168	Unlimited	0	20	no data	Lanham	DHS	MD	20706	122
5001625	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland - 5720 Executive		DHS	CPA: Treatment Foster Care	77	Unlimited	0	20	no data	Baltimore	DHS	MD	21228	69
5011198	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland Caton Center		DHS	CPA: Treatment Foster Care	30	3	13	20	no data	Baltimore	DHS	MD	21227	32
5022358	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5022360	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Odenton	DHS	MD	21113	0
5022364	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Kingsville	DHS	MD	21087	0

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5022368	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Millington	DHS	MD	21651	0
5022371	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5022380	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5022388	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5022390	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5022405	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21214	0
5022412	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5022413	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5022418	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hagerstown	DHS	MD	21742	0

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5022426	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Millerville	DHS	MD	21108	0
5022434	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5022437	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5022457	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5022459	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21222	0
5022460	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Essex	DHS	MD	21221	0
5022466	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Catonsville	DHS	MD	21228	0
5022479	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5022482	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Reisterstown	DHS	MD	21136	0

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5022499	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5022548	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21208	0
5022549	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Westminster	DHS	MD	21158	0
5022561	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5022567	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5022581	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5022586	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5022606	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Reisterstown	DHS	MD	21136	0
5022609	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0

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5022633	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21207	60
5022646	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5022669	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5022677	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hurlock	DHS	MD	21643	0
5022678	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Ridgely	DHS	MD	21660	0
5022693	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Cambridge	DHS	MD	21613	25
5023151	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Salisbury	DHS	MD	21801	0
5023160	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Delmar	DHS	MD	21875	0
5023189	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20601	0

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5023204	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	White Plains	DHS	MD	20695	0
5023231	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Clinton	DHS	MD	20735	0
5023239	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Temple Hills	DHS	MD	20748	0
5023251	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Waldorf	DHS	MD	20601	64
5035878	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5035880	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	77	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	69
5035889	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5035897	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21229	0
5035910	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0

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5035914	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Silver Spring	DHS	MD	20904	0
5035918	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21216	0
5035937	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20774	0
5035985	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Independent Living	39	no data	16	20	no data	Baltimore	DHS	MD	21222	26
5036086	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	RCC: Small Group Home	5	no data	0	21	no data	Mardela Springs	DHS	MD	21837	5
5036776	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Baltimore	DHS	MD	21227	27
5040891	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Easton	DHS	MD	21601	0
5040903	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Hagerstown	DHS	MD	21740	0
5040912	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Baltimore	DHS	MD	21207	31

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5042292	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Easton	DHS	MD	21601	90
5042565	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland ILP - - 2 D Stockmill		DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Baltimore	DHS	MD	21208	64
5045427	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	1	Unlimited	0	18	no data	Salisbury	DHS	MD	21804	1
5045674	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Salisbury	DHS	MD	21804	44
5046076	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland ILP - - 20 A Stockmill		DHS	CPA: Treatment Foster Care	47	Unlimited	0	20	no data	Baltimore	DHS	MD	21208	31
5049508	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5050321	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5050324	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5050326	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21223	0

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5050328	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5050329	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	5	no data	no data	no data	Abingdon	DHS	MD	21009	0
5050330	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Dundalk	DHS	MD	21222	0
5050366	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	1	no data	0	20	no data	White Marsh	DHS	MD	21162	0
5053492	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	5	no data	no data	no data	Baltimore	DHS	MD	21216	0
5055580	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	64
5057941	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	13	no data	0	20	no data	Baltimore	DHS	MD	21237	5
5058813	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	RCC: Small Group Home	5	no data	0	20	no data	Landover	DHS	MD	20785	5
5058848	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland ILP - - 4615 #C Debilen		DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Pikesville	DHS	MD	21208	0

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5058892	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Easton	DHS	MD	21601	0
5059011	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5059024	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21216	0
5059025	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5059027	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Randallstown	DHS	MD	21133	0
5059036	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Windsor Mill	DHS	MD	21244	90
5059495	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5059924	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5059929	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0

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5059932	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21230	0
5059935	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5060367	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Columbia	DHS	MD	21046	0
5060571	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	13	no data	0	20	no data	Baltimore	DHS	MD	21229	5
5060705	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Brunswick	DHS	MD	21716	0
5060761	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5061492	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Pikesville	DHS	MD	21208	44
5062165	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Windsor Mill	DHS	MD	21244	60
5062851	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Randallstown	DHS	MD	21133	0

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5064753	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5065173	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Owings Mills	DHS	MD	21117	44
5065277	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21214	0
5065374	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5065380	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5065384	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5065399	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Easton	DHS	MD	21601	0
5065402	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5065403	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Brooklyn	DHS	MD	21225	0

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5066752	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Ft Washington	DHS	MD	20744	0
5067041	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5067073	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5067090	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Independent Living	10	no data	18	20	no data	Baltimore	DHS	MD	21216	10
5067231	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland ILP - - 4 #E Tentmill		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21208	0
5067955	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Independent Living	25	no data	16	21	no data	Salisbury	DHS	MD	21804	18
5068843	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5068846	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5068850	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0

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5069073	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5069656	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hanover	DHS	MD	21076	0
5069747	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5070145	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5071095	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5071305	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20601	0
5071362	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Catonsville	DHS	MD	21228	0
5071363	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Westminster	DHS	MD	21157	0
5071366	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21863	0

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5071367	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5072037	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5072321	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.	MENTOR Maryland ILP - - 7909 L Crisford		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5073433	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5073436	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5074507	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5074508	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5074749	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Essex	DHS	MD	21221	0
5075433	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	3	no data	0	20	no data	Windsor Mill	DHS	MD	21244	3

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5075463	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5076183	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5076186	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21221	0
5076496	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5076866	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glen Burnie	DHS	MD	21061	0
5076917	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21113	0
5077139	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5077398	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Ft Washington	DHS	MD	20744	0
5077861	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	20	no data	Easton	DHS	MD	21601	32

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5079213	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21209	0
5079214	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5079812	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21229	0
5079813	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5079814	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5080039	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Middle River	DHS	MD	21220	0
5080484	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21234	0
5080498	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21220	0
5081108	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0

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5081109	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20782	0
5081384	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0
5082305	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glen Burnie	DHS	MD	21060	0
5082406	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Bel Air	DHS	MD	21014	0
5082433	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20724	0
5082704	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Salisbury	DHS	MD	21801	0
5082709	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glen Burnie	DHS	MD	21060	0
5082710	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Upper Marlboro	DHS	MD	20772	0
5082711	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Mardela Springs	DHS	MD	21837	0

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5083017	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5083018	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5083019	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Suitland	DHS	MD	20746	0
5083033	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5083330	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	3	no data	no data	no data	Baltimore	DHS	MD	21207	0
5083710	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5065387	Family Home Settings	Treatment Foster Care (Private)	MENTOR Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21209	0
5001509	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.	Neighbor to Family Sibling Foster Care		DHS	CPA: Treatment Foster Care	47	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21228	26
5022847	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	47	no data	no data	no data	no data	Baltimore	DHS	MD	21218	26

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5022856	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5037604	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	58	no data	0	20	no data	Baltimore	DHS	MD	21222	49
5042690	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Baltimore	DHS	MD	21217	39
5056199	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Randallstown	DHS	MD	21133	0
5060686	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5063241	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21202	0
5076667	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21244	60
5077326	Family Home Settings	Treatment Foster Care (Private)	Neighbor to Family, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5024394	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Owings Mills	DHS	MD	21117	42

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5038053	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Baltimore	DHS	MD	21229	64
5041158	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Independent Living	39	no data	16	20	no data	Parkville	DHS	MD	21234	26
5041926	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	49	no data	0	20	no data	Pikesville	DHS	MD	21208	39
5045686	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Windsor Mill	DHS	MD	21244	44
5045827	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	28	Unlimited	0	20	no data	Windsor Mill	DHS	MD	21244	20
5047466	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	1	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	0
5048581	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	64
5053375	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5054328	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Elkridge	DHS	MD	21075	44

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5054332	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Windsor Mill	DHS	MD	21244	44
5054527	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Baltimore	DHS	MD	21206	44
5054528	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21223	0
5059860	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Laurel	DHS	MD	20707	44
5059877	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Baltimore	DHS	MD	21239	44
5059878	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	Dundalk	DHS	MD	21222	44
5059880	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Randallstown	DHS	MD	21133	0
5060355	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Sykesville	DHS	MD	21784	0
5061515	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Baltimore	DHS	MD	21239	31

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5065215	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5068967	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Reisterstown	DHS	MD	21136	0
5070091	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0
5079102	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Baltimore	DHS	MD	21213	44
5079996	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Baltimore	DHS	MD	21220	44
5082561	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5083624	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5083625	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Essex	DHS	MD	21221	0
5083626	Family Home Settings	Treatment Foster Care (Private)	Parker Therapeutic Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21223	0

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5000883	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.	Pressley Ridge Cumberland		DHS	CPA: Treatment Foster Care	24	1	0	20	no data	Cumberland	DHS	MD	21502	19
5000886	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Clinton	DHS	MD	20735	28
5000887	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Hagerstown	DHS	MD	21740	28
5000905	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Oakland	DHS	MD	21550	28
5000939	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Baltimore	DHS	MD	21244	28
5000940	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Owings Mills	DHS	MD	21117	28
5000951	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Baltimore	DHS	MD	21218	28
5000960	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	24	Unlimited	0	20	no data	Baltimore	DHS	MD	21217	19
5023874	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Glen Burnie	DHS	MD	21061	18

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5033648	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	20	no data	Joppa	DHS	MD	21085	28
5033670	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	58	Unlimited	0	20	no data	Cumberland	DHS	MD	21502	49
5035495	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Hagerstown	DHS	MD	21740	90
5042479	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	2	no data	no data	no data	Elkridge	DHS	MD	21075	0
5052172	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Owings Mills	DHS	MD	21117	31
5054856	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	1	no data	0	20	no data	Baltimore	DHS	MD	21206	0
5057661	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5059394	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	21	no data	Oakland	DHS	MD	21550	27
5061783	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.	Pressley Ridge Caroline St		DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21231	0

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5062004	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Baltimore	DHS	MD	21218	50
5062093	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	20	no data	Baltimore	DHS	MD	21216	28
5062100	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	3	16	0	20	no data	Baltimore	DHS	MD	21239	3
5062102	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	3	no data	0	20	no data	Baltimore	DHS	MD	21214	3
5062105	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	38	no data	0	20	no data	Baltimore	DHS	MD	21202	28
5062107	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5062853	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cumberland	DHS	MD	21502	0
5064443	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Baltimore	DHS	MD	21228	90
5064763	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20716	0

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5064766	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5065930	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5065936	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5068777	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5071053	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5071321	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5072070	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5072884	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5073240	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Glen Burnie	DHS	MD	21060	0

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5073788	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5074266	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5074340	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	1	no data	no data	no data	Randallstown	DHS	MD	21133	0
5075201	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cumberland	DHS	MD	21502	0
5075438	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21201	0
5075750	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Williamsport	DHS	MD	21795	14
5077166	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	24	no data	0	20	no data	Boonsboro	DHS	MD	21713	19
5080442	Family Home Settings	Treatment Foster Care (Private)	Pressley Ridge, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5001572	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	Progressive Life Center, Inc. - Landover TFC		DHS	CPA: Treatment Foster Care	58	6	0	20	no data	Landover	DHS	MD	20785	49

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5001775	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Oxon Hill	DHS	MD	20745	60
5023102	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21208	0
5033689	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	90	Unlimited	0	20	no data	Port Deposit	DHS	MD	21904	64
5035650	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	58	Unlimited	0	20	no data	Capital Heights	DHS	MD	20743	49
5035657	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	58	Unlimited	0	20	no data	Accokeek	DHS	MD	20607	49
5035660	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20774	0
5035663	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	53	Unlimited	0	20	no data	Ft. Washington	DHS	MD	20744	25
5036124	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	Progressive Life Center - 2641 Maryland Ave		DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Baltimore	DHS	MD	21218	50
5037686	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	42	Unlimited	1	20	no data	District Heights	DHS	MD	20747	44

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5044770	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	Progressive Life Center, Inc - Landover ILP		DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Landover	DHS	MD	20785	42
5046601	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Upper Marlboro	DHS	MD	20774	60
5062358	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5065320	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20716	0
5068343	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20785	0
5068344	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5069161	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	PLC ILP - 6433 #202 Pennsylvania		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5069167	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	PLC ILP - 6563 #203 Pennsylvania		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5071348	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Brandywine	DHS	MD	20613	0

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5072001	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	40	no data	0	20	no data	District Heights	DHS	MD	20747	19
5072032	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20602	0
5072171	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5072172	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20716	0
5072742	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Laurel	DHS	MD	20708	0
5073637	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	PLC ILP - 6457 #204 Pennsylvania		DHS	CPA: Treatment Foster Care	no data	4	no data	no data	no data	District Heights	DHS	MD	20747	0
5074199	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Woodstock	DHS	MD	21163	0
5074342	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5074343	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0

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5074346	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5074958	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21223	0
5075340	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5076504	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Clinton	DHS	MD	20735	0
5078811	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Cockeysville	DHS	MD	21030	0
5078813	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5081671	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5082083	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.	PLC ILP - 6589 #104 Pennsylvania		DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5082295	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Capital Heights	DHS	MD	20743	0

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5082675	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Essex	DHS	MD	21221	0
5082922	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Temple Hills	DHS	MD	20748	0
5083628	Family Home Settings	Treatment Foster Care (Private)	Progressive Life Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5044837	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5062847	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21244	0
5073749	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5074404	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hanover	DHS	MD	21076	0
5077026	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	15	no data	0	20	no data	Baltimore	DHS	MD	21216	9
5081090	Family Home Settings	Treatment Foster Care (Private)	Progressive Steps, Inc.			DHS	CPA: Treatment Foster Care	no data	3	no data	no data	no data	Randallstown	DHS	MD	21133	0

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5001594	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.	PSI Services TFC		DHS	CPA: Treatment Foster Care	8	Unlimited	0	21	no data	Hyattsville	DHS	MD	20785	1
5024291	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Randallstown	DHS	MD	21133	0
5024307	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Abingdon	DHS	MD	21009	0
5024320	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Windsor Mill	DHS	MD	21244	42
5024484	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	8	Unlimited	0	21	no data	Cambridge	DHS	MD	21613	1
5024499	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5024504	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5024556	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5040874	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Rosedale	DHS	MD	21237	0

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5040877	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	13	no data	0	20	no data	Windsor Mill	DHS	MD	21244	6
5062574	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	2	Unlimited	0	20	no data	Sparrows Point	DHS	MD	21219	2
5066647	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5068904	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5070162	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Suitland	DHS	MD	20746	0
5071078	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5079223	Family Home Settings	Treatment Foster Care (Private)	PSI Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Columbia	DHS	MD	21045	0
5022235	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	5	0	20	no data	Smithsburg	DHS	MD	21783	31
5022243	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Hagerstown	DHS	MD	21742	31

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5022250	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	8	0	20	no data	Hagerstown	DHS	MD	21740	31
5022253	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	3	no data	no data	no data	Hagerstown	DHS	MD	21742	0
5033917	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	Unlimited	0	20	no data	Sharpsburg	DHS	MD	21782	31
5033960	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	Unlimited	0	20	no data	Hagerstown	DHS	MD	21740	31
5033963	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Williamsport	DHS	MD	21795	0
5033971	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	1	no data	0	20	no data	Hagerstown	DHS	MD	21740	0
5041084	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Hagerstown	DHS	MD	21740	44
5046110	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Smithsburg	DHS	MD	21783	90
5052113	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hagerstown	DHS	MD	21740	0

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5052255	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	Alternative Living Unit	3	no data	0	20	no data	Knoxville	DHS	MD	21758	4
5055300	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hagerstown	DHS	MD	21742	0
5055570	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Hagerstown	DHS	MD	21742	0
5058044	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	43	0	21	no data	Clearspring	DHS	MD	21722	14
5061557	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Hagerstown	DHS	MD	21742	90
5062398	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Smithsburg	DHS	MD	21783	0
5064279	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Boonsboro	DHS	MD	21713	0
5069649	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Thurmont	DHS	MD	21788	0
5077953	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Hagerstown	DHS	MD	21742	31

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5078252	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Hagerstown	DHS	MD	21740	31
5079201	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Sharpsburg	DHS	MD	21782	31
5081635	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Hagerstown	DHS	MD	21740	0
5082325	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Hagerstown	DHS	MD	21742	31
5083622	Family Home Settings	Treatment Foster Care (Private)	San Mar Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Smithsburg	DHS	MD	21783	0
5040171	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.	Seraaj Family Homes - Joppa CPA		DHS	CPA: Treatment Foster Care	19	no data	0	21	no data	Towson	DHS	MD	21286	11
5059384	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	24	no data	0	20	no data	Randallstown	DHS	MD	21133	19
5060055	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0
5063397	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Windsor Mill	DHS	MD	21244	0

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5073500	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Nottingham	DHS	MD	21236	0
5077789	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5077791	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5079799	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Parkville	DHS	MD	21234	0
5082297	Family Home Settings	Treatment Foster Care (Private)	Seraaj Family Homes, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5000405	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21239	28
5000406	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21239	28
5000416	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	28
5000447	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21244	28

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5000451	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	28
5000478	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	28
5030150	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	79	16	0	20	no data	Nottingham	DHS	MD	21236	42
5035373	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	54	no data	0	18	no data	Baltimore	DHS	MD	21225	50
5048269	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	49	Unlimited	0	20	no data	Owings Mills	DHS	MD	21117	39
5052046	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Baltimore	DHS	MD	21222	31
5062862	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	40	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	19
5064312	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5064317	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0

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5069043	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21220	0
5076511	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0
5081235	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5083698	Family Home Settings	Treatment Foster Care (Private)	The ARC Baltimore, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5000380	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Elkton	DHS	MD	21921	14
5000382	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Forest Hill	DHS	MD	21050	14
5031684	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Aberdeen	DHS	MD	21001	14
5031685	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Abingdon	DHS	MD	21009	0
5035366	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	30	Unlimited	0	21	no data	Parkville	DHS	MD	21234	14

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5035367	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	37	Unlimited	0	20	no data	Elkton	DHS	MD	21921	28
5044812	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	15	no data	0	20	no data	Bel Air	DHS	MD	21015	9
5058465	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Baltimore	DHS	MD	21206	42
5064420	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5066278	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	North East	DHS	MD	21901	0
5075830	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5077381	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bel Air	DHS	MD	21015	0
5083237	Family Home Settings	Treatment Foster Care (Private)	The ARC Northern Chesapeake Region, Incorporated			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cecilton	DHS	MD	21913	0
5000721	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Federalsburg	DHS	MD	21632	0

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5001617	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.	Children's Choice Inc College Park		DHS	CPA: Treatment Foster Care	80	109	0	20	no data	College Park	DHS	MD	20740	74
5024212	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Bel Air	DHS	MD	21015	42
5024251	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21214	0
5024255	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21214	42
5024275	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Severn	DHS	MD	21144	0
5024411	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21207	42
5024476	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5024480	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21230	0
5024515	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0

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5024535	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Salisbury	DHS	MD	21804	0
5024586	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Salisbury	DHS	MD	21801	0
5024604	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5024620	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5024707	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	24	no data	14	20	no data	Pasadena	DHS	MD	21122	19
5032188	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Chestertown	DHS	MD	21620	0
5032203	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	23	Unlimited	0	20	no data	Baltimore	DHS	MD	21239	8
5035455	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	59	1	0	20	no data	Baltimore	DHS	MD	21212	60
5039968	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Crisfield	DHS	MD	21817	0

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5040867	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Pikesville	DHS	MD	21208	0
5040868	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Denton	DHS	MD	21629	0
5040869	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Cambridge	DHS	MD	21613	0
5045220	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5049556	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Columbia	DHS	MD	21045	0
5049566	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Pikesville	DHS	MD	21208	42
5051379	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Independent Living	22	no data	16	20	no data	Waldorf	DHS	MD	20602	15
5053901	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20785	0
5055752	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Independent Living	22	Unlimited	16	20	no data	Silver Spring	DHS	MD	20904	15

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5056705	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Elkton	DHS	MD	21921	0
5056868	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	Residential Treatment Center	43	no data	0	20	no data	Temple Hills	DHS	MD	20748	5
5057307	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Independent Living	6	no data	16	20	no data	Middle River	DHS	MD	21220	5
5058972	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21221	0
5060194	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Upper Marlboro	DHS	MD	20774	0
5060509	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	District Heights	DHS	MD	20747	0
5062414	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Reisterstown	DHS	MD	21136	0
5066147	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Lanham	DHS	MD	20706	0
5066266	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Havre De Grace	DHS	MD	21079	0

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5067040	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5067046	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Columbia	DHS	MD	21045	0
5069046	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Chestertown	DHS	MD	21620	0
5069702	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Denton	DHS	MD	21629	0
5071626	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gaithersburg	DHS	MD	20876	0
5072756	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Upper Marlboro	DHS	MD	20477	0
5074501	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Waldorf	DHS	MD	20603	0
5074514	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5074640	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0

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5074960	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Perry Hall	DHS	MD	21128	0
5074961	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21214	0
5077302	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Denton	DHS	MD	21629	0
5078759	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21207	0
5079216	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5079788	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21214	0
5079790	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Largo	DHS	MD	20747	0
5081114	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Elkton	DHS	MD	21921	0
5081693	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Odenton	DHS	MD	21113	0

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5081694	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Towson	DHS	MD	21286	0
5082308	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Suitland	DHS	MD	20746	0
5082685	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5083245	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5083247	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Cambridge	DHS	MD	21613	0
5083256	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	10	no data	no data	no data	Berlin	DHS	MD	21811	0
5083333	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	1	no data	no data	no data	Windsor Mill	DHS	MD	21244	0
5083678	Family Home Settings	Treatment Foster Care (Private)	The Children's Choice Of Maryland, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21229	0
5001641	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.	Children's Guild TFC		DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21234	0

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5022638	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5032952	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Baltimore	DHS	MD	21215	60
5032956	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21208	60
5032959	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Essex	DHS	MD	21221	0
5032962	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21113	60
5032964	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Aberdeen	DHS	MD	21001	60
5032972	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Columbia	DHS	MD	21044	60
5032975	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	21	no data	Baltimore	DHS	MD	21234	27
5035471	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21239	60

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5035476	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	24	Unlimited	0	20	no data	Baltimore	DHS	MD	21218	19
5044799	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Baltimore	DHS	MD	21229	60
5044802	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Baltimore	DHS	MD	21206	14
5046908	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0
5057990	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	47	no data	0	20	no data	Glen Burnie	DHS	MD	21061	31
5062276	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0
5065140	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5065141	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Perry Hall	DHS	MD	21128	0
5068741	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Essex	DHS	MD	21221	0

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5072013	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5072184	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Baltimore	DHS	MD	21213	42
5074330	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21239	60
5074331	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5074332	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5074644	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Dundalk	DHS	MD	21222	0
5074941	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Columbia	DHS	MD	21045	0
5076151	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5076789	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Independent Living	25	no data	no data	no data	no data	Baltimore	DHS	MD	21205	10

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5077161	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21212	0
5078806	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Abingdon	DHS	MD	21009	0
5079210	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21206	60
5079743	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Edgewood	DHS	MD	21040	60
5079984	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21206	60
5080179	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	Unlimited	0	20	no data	Baltimore	DHS	MD	21206	60
5080467	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Baltimore	DHS	MD	21239	60
5083641	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Pikesville	DHS	MD	21208	0
5083642	Family Home Settings	Treatment Foster Care (Private)	The Children's Guild, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21239	0

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5000752	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.	The Children's Home Treatment Foster Care		DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Catonsville	DHS	MD	21228	13
5000754	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Glen Burnie	DHS	MD	21061	13
5000763	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Baltimore	DHS	MD	21218	13
5000768	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Baltimore	DHS	MD	21244	13
5000778	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Baltimore	DHS	MD	21234	13
5024459	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21212	0
5024469	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	20	no data	Baltimore	DHS	MD	21229	13
5024473	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5035287	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Windsor Mill	DHS	MD	21244	14

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5079204	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	20	no data	Reisterstown	DHS	MD	21136	13
5080902	Family Home Settings	Treatment Foster Care (Private)	The Children's Home, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21218	0
5001438	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.	Martin Pollak Treatment Foster Care		DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21224	42
5024194	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Pasedena	DHS	MD	21133	0
5024220	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21244	42
5024234	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21215	0
5024260	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21207	0
5024338	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21213	42
5024341	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Columbia	DHS	MD	21044	42

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5024349	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Pikesville	DHS	MD	21208	42
5024403	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21214	0
5024413	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Beltsville	DHS	MD	20705	42
5024422	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21244	42
5024443	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	30	Unlimited	0	20	no data	Baltimore	DHS	MD	21234	13
5030164	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	5	0	20	no data	Baltimore	DHS	MD	21220	42
5030166	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	25	6	0	18	no data	Baltimore	DHS	MD	21234	9
5035795	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21221	0
5040661	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21206	0

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5044791	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	59	no data	0	20	no data	Catonsville	DHS	MD	21228	60
5048829	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21205	0
5049574	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5050308	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Nottingham	DHS	MD	21236	90
5058504	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	79	Unlimited	0	20	no data	Baltimore	DHS	MD	21215	42
5058507	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	54	Unlimited	0	18	no data	Owings Mills	DHS	MD	21117	50
5059612	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5061893	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5061907	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0

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5065261	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5066078	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5072187	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21216	0
5072188	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21213	0
5072753	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5024391	Family Home Settings	Treatment Foster Care (Private)	The Martin Pollak Project, Inc.			DHS	CPA: Treatment Foster Care	42	no data	1	20	no data	Baltimore	DHS	MD	21213	44
5023972	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	13	Unlimited	0	20	no data	Potomac	DHS	MD	20854	6
5033520	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	29	Unlimited	0	20	no data	Silver Spring	DHS	MD	20902	15
5033525	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Bladensburg	DHS	MD	20910	28

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5043824	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	21	no data	Gaithersburg	DHS	MD	20877	18
5050293	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Clarksburg	DHS	MD	20871	42
5069724	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gaithersburg	DHS	MD	20882	0
5075572	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Silver Spring	DHS	MD	20906	0
5079748	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	29	no data	0	20	no data	Germantown	DHS	MD	20874	15
5082677	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Rockville	DHS	MD	20851	0
5082678	Family Home Settings	Treatment Foster Care (Private)	The National Center for Children and Families, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Germantown	DHS	MD	20874	0
5001385	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.	WIN Family Services, Inc. CPA Baltimore		DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21215	90
5027284	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Pikesville	DHS	MD	21208	90

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5027289	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21209	90
5027293	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Pikesville	DHS	MD	21208	90
5027294	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21239	90
5027314	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21217	90
5027319	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	RCC: Small Group Home	4	Unlimited	17	20	no data	Baltimore	DHS	MD	21229	3
5035283	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	30	no data	0	20	no data	Upper Marlboro	DHS	MD	20774	13
5035544	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Baltimore	DHS	MD	21213	90
5035545	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Dowell	DHS	MD	20629	90
5035547	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Upper Marlboro	DHS	MD	20772	90

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5035553	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Temple Hills	DHS	MD	20748	90
5035594	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	90
5035606	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	90	no data	0	20	no data	Baltimore	DHS	MD	21216	64
5040864	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Bowie	DHS	MD	20721	0
5042409	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Randallstown	DHS	MD	21133	90
5042410	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Ft Washington	DHS	MD	20744	0
5046209	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bel Air	DHS	MD	21015	0
5050319	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Temple Hills	DHS	MD	20748	0
5057464	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	RCC: Small Group Home	5	no data	0	20	no data	Greenbelt	DHS	MD	20770	3

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5059039	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Capital Heights	DHS	MD	20743	0
5061694	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Randallstown	DHS	MD	21133	90
5061701	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21234	0
5061708	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	RCC: Large Group Home	16	no data	11	18	no data	Landover	DHS	MD	20785	11
5062075	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Joppa	DHS	MD	21085	0
5062076	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21206	90
5062077	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Baltimore	DHS	MD	21206	90
5062081	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	38	Unlimited	0	20	no data	Ft Washington	DHS	MD	20744	28
5064134	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21237	0

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5064750	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Landover	DHS	MD	20785	0
5065267	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5065272	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Glen Dale	DHS	MD	20769	0
5066501	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Owings Mills	DHS	MD	21117	0
5066619	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0
5066868	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21205	0
5068140	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5068141	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Bowie	DHS	MD	20721	0
5069766	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0

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5069767	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Baltimore	DHS	MD	21207	90
5069768	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5069770	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5069796	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21244	0
5071071	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Catonsville	DHS	MD	21228	0
5072019	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Gwynn Oak	DHS	MD	21207	0
5072224	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21215	0
5075345	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Parkville	DHS	MD	21234	0
5075349	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21216	0

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5076487	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Capital Heights	DHS	MD	20743	0
5076884	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Owings Mills	DHS	MD	21117	90
5077233	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Baltimore	DHS	MD	21207	90
5080476	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	no data	0	20	no data	Cheltenham	DHS	MD	20623	90
5080477	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	93	Unlimited	0	20	no data	Capitol Heights	DHS	MD	20743	90
5081934	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hanover	DHS	MD	21076	0
5083380	Family Home Settings	Treatment Foster Care (Private)	WIN Family Services, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Hyattsville	DHS	MD	20785	0
5001302	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.	Woodbourne - Treatment Foster Care		DHS	CPA: Treatment Foster Care	53	Unlimited	0	20	no data	Baltimore	DHS	MD	21239	25
5022781	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21206	25

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5022786	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	47	no data	no data	no data	no data	Baltimore	DHS	MD	21227	26
5030061	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	Therapeutic Group Home	8	5	14	17	no data	Baltimore	DHS	MD	21237	5
5035704	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	Unlimited	0	20	no data	Randallstown	DHS	MD	21133	25
5035708	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21206	25
5035716	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21208	25
5035719	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21207	25
5035723	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21206	25
5035725	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	79	no data	0	20	no data	Randallstown	DHS	MD	21133	42
5062578	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Nottingham	DHS	MD	21236	0

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5068143	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	Unlimited	no data	no data	no data	Baltimore	DHS	MD	21214	0
5069726	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Edgewood	DHS	MD	21040	0
5074321	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21206	0
5074322	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21230	0
5074948	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Severn	DHS	MD	21144	0
5074949	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Baltimore	DHS	MD	21218	0
5076517	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
5079022	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Baltimore	DHS	MD	21214	25
5080444	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Essex	DHS	MD	21221	25

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5082171	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	53	no data	0	20	no data	Owings Mills	DHS	MD	21117	25
5082292	Family Home Settings	Treatment Foster Care (Private)	Woodbourne Center, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Randallstown	DHS	MD	21133	0
	Family Home Settings	IFC	CHIMES INC.			DDA						4815 SETON DRIVE	BALTIMORE	Baltimore City	MD	21215	1
	Family Home Settings	IFC	KENNEDY KRIEGER INST.			DDA						707 NORTH BROADWAY	BALTIMORE	Baltimore City	MD	21205	1
	Family Home Settings	IFC	CENTER FOR PROGRESSIVE LRNG			DDA						500 REDLAND COURT	OWINGS MILLS	Baltimore	MD	21117	2
131	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Hearts & Homes for Youth - Family Ties Treat FC							3919,National Drive , Suite 400	3919,National Drive , Suite 400	Burtonsville	Prince George's	MD	20866	1
140	Family Home Settings	Treatment Foster Care	Treatment Foster Care	National Center for Children and Families - Greenleaf Treatment Foster Care							6301,Greentree Rd	6301,Greentree Rd	Bethesda	Montgomery	MD	20817	1
172	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Mentor Maryland - Baltimore Teens In Transition							1540,Caton Center Drive	1540,Caton Center Drive	Baltimore	Baltimore County	MD	21227	5
400	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Arrow Child and Family Ministries - Foster Care							1605,Cromwell Bridge Rd	1605,Cromwell Bridge Rd	Parkville	Baltimore County	MD	21234	3
408	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Pressley Ridge -Treatment Foster Care - Western MD							327,Beall St.	327,Beall St.	Cumberland	Allegany	MD	21502	1
485	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Children's Choice - Baltimore TFC							6067,Harford Road	6067,Harford Road	Baltimore	Baltimore City	MD	21214	1

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1457433	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Woodbourne Center Treatment Foster Care							1301,Woodbourne Avenue	1301,Woodbourne Avenue	Baltimore	Baltimore City	MD	21239	3
1761959	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Mentor Maryland - Easton Children's Services							620,Naylor Mill Road	620,Naylor Mill Road	Salisbury	Wicomico	MD	21801	1
1837881	Family Home Settings	Treatment Foster Care	Treatment Foster Care	The Board of Child Care TFC -Baltimore							3300,Gait her Avenue	3300,Gait her Avenue	Baltimore	Baltimore County	MD	21244	1
1935976	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Mentor Maryland - Lanham Children's Services TFC							4501,Forbes Blvd.	4501,Forbes Blvd.	Lanham	Prince George's	MD	20706	2
1990744	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Children's Home - Treatment Foster Care							205,Bloomsbury Avenue	205,Bloomsbury Avenue	Catonsville	Baltimore County	MD	21228	1
2131311	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Mentor Maryland - Baltimore Children's Services							1540,Caton Center Drive	1540,Caton Center Drive	Baltimore	Baltimore County	MD	21227	1
2700902	Family Home Settings	Treatment Foster Care	Treatment Foster Care	Mentor Maryland - Salisbury Teens In Transition							620,Naylor Mill Road	620,Naylor Mill Road	Salisbury	Wicomico	MD	21801	2
1450389	Hospitalization	Psychiatric Hospitalization	Psychiatric Hospital	Brook Lane Psychiatric Hospital							,Po Box 1945	,Po Box 1945	Hagerstown	Washington	MD	21742	1
1743870	Hospitalization	Psychiatric Hospitalization	Psychiatric Hospital	Spring Grove Hospital Center							55,Wade Ave	55,Wade Ave	Catonsville	Baltimore County	MD	21228	3
5072779	Non-Community Based Residential	RCCP	Detroit Behavioral Institute - Caps	Detroit Behavioral-Capstone		OOS	RCC: Large Group Home		2	10	17	no data	Detroit	DHS	MI	48207	1

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5029244	Non-Community Based Residential	Residential Educational Facilities	Natchez Trace	Natchez Trace Group Home		OOS	RCC: Large Group Home		4	0	20	no data	Waverly	DHS	TN	37185	1
5019211	Non-Community Based Residential	Residential Treatment Centers	Adventist Healthcare, Inc.	Adventist Behavioral Health Rockville RTC		DHMH	Residential Treatment Center	49	2	0	20	no data	Rockville	DHS	MD	20850	9
5019208	Non-Community Based Residential	Residential Treatment Centers	Associated Catholic Charities Inc.	Associated Catholic Charities -- St Vincent's Villa (Pot Spring) RTC		DHMH	Residential Treatment Center	52	11	0	20	no data	Timonium	DHS	MD	21093	20
5055846	Non-Community Based Residential	Residential Treatment Centers	Associated Catholic Charities Inc.	Associated Catholic Charities -- St Vincent's Villa (Dulaney Valley) RTC		DHMH	CPA: Treatment Foster Care	28	no data	0	20	no data	Timonium	DHS	MD	21093	20
5019216	Non-Community Based Residential	Residential Treatment Centers	Chesapeake Treatment Ctr.	Chesapeake Treatment RTC		DHMH	Residential Treatment Center	29	5	0	20	no data	Baltimore	DHS	MD	21284	1
5019217	Non-Community Based Residential	Residential Treatment Centers	Good Shepherd Center	Good Shepherd Center RTC		DHMH	Residential Treatment Center	92	52	0	20	no data	Baltimore	DHS	MD	21227	25
5001014	Non-Community Based Residential	Residential Treatment Centers	Rica -RICA	RICA Baltimore RTC		DHMH	Residential Treatment Center	45	Unlimited	0	21	no data	Baltimore	DHS	MD	21229	14
5001015	Non-Community Based Residential	Residential Treatment Centers	Rica -RICA	RICA Rockville RTC		DHMH	Residential Treatment Center	80	45	0	21	no data	Rockville	DHS	MD	20850	2
5019215	Non-Community Based Residential	Residential Treatment Centers	Sheppard Pratt Health System, Inc.	Sheppard Pratt Berkeley & Eleanor Mann RTC		DHMH	Residential Treatment Center	47	10	12	20	no data	Baltimore	DHS	MD	21204	28

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5019218	Non-Community Based Residential	Residential Treatment Centers	Sheppard Pratt Health System, Inc.	Sheppard Pratt -- The Jefferson School RTC		DHMH	Residential Treatment Center	53	82	12	20	no data	Jefferson	DHS	MD	21755	24
5019219	Non-Community Based Residential	Residential Treatment Centers	Woodbourne Center, Inc.	Woodbourne Center RTC		DHMH	Residential Treatment Center	48	48	0	20	no data	Baltimore	DHS	MD	21239	10
5066572	Non-Community Based Residential	Secure Detention Facility	CONCERN - Professional for Children and Youth, Inc.			DHS	CPA: Treatment Foster Care	no data	no data	no data	no data	no data	Mitchellville	DHS	MD	20720	0
5022049	Non-Community Based Residential Placemen	Residential Educational Facilities	New Hope	New Hope Treatment Center		OOS	Residential Treatment Center		1	0	20	no data	North Charleston	DHS	SC	29420	0
5041651	Non-Community Based Residential Placemen	Residential Educational Facilities	Stetson School	Stetson School		OOS	RCC: Large Group Home		3	0	20	no data	Barre	DHS	MA	1005	1
5019134	Non-Community Based Residential Placemen	Residential Educational Facilities	Whitney Academy	Whitney Academy Group Home		OOS	Residential Treatment Center		4	0	20	no data	East Freetown	DHS	MA	2717	0
	Non-Community Based Residential Placement	Residential Educational Facilities	Board of Child Care of the United Methodist Church, Inc.	Strawbridge School										Wicomico	MD-Baltimore County		1

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	Non-Community Based Residential Placement	Residential Educational Facilities	Community Services for Autistic Adults and Children, Inc.	Community School of Maryland										Frederick	MD-Montgomery County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	Community Services for Autistic Adults and Children, Inc.	Community School of Maryland										Prince George's	MD-Montgomery County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	Community Support Services, Inc.	Marcia D. Smith School										Montgomery	MD-Montgomery County		5
	Non-Community Based Residential Placement	Residential Educational Facilities	Linwood Center, Inc.	Linwood Center, Inc.										Baltimore	MD-Howard County		2
	Non-Community Based Residential Placement	Residential Educational Facilities	Linwood Center, Inc.	Linwood Center, Inc.										Frederick	MD-Howard County		4
	Non-Community Based Residential Placement	Residential Educational Facilities	Shorehaven, Inc.	Shorehaven School										Baltimore City	MD-Cecil County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	Shorehaven, Inc.	Shorehaven School										Howard	MD-Cecil County		1

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	Non-Community Based Residential Placement	Residential Educational Facilities	Shorehaven, Inc.	Shorehaven School										Montgomery	MD-Cecil County		2
	Non-Community Based Residential Placement	Residential Educational Facilities	Shorehaven, Inc.	Shorehaven School										Prince George's	MD-Cecil County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Baltimore	MD-Caroline County		2
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Baltimore City	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Caroline	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Cecil	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Frederick	MD-Caroline County		1

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	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Harford	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Kent	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Montgomery	MD-Caroline County		6
	Non-Community Based Residential Placement	Residential Educational Facilities	The Benedictine School for Exceptional Children, Inc.	Benedictine School										Prince George's	MD-Caroline County		1
	Non-Community Based Residential Placement	Residential Educational Facilities	Alpine Academy	Alpine Academy										Baltimore City	Utah		1
	Non-Community Based Residential Placement	Residential Educational Facilities	American School for the Deaf	American School for the Deaf										Frederick	Connecticut		1
	Non-Community Based Residential Placement	Residential Educational Facilities	Grafton School Incorporated	Grafton School - Ruth Birch Center										Baltimore City	Virginia		1

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	Non-Community Based Residential Placement	Residential Educational Facilities	Grafton School Incorporated	Grafton School - Ruth Birch Center										Montgomery	Virginia		2
	Non-Community Based Residential Placement	Residential Educational Facilities	Learning Center for the Deaf, The	Walden School										Frederick	Massachusetts		2
	Non-Community Based Residential Placement	Residential Educational Facilities	Learning Center for the Deaf, The	Walden School										Montgomery	Massachusetts		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Devereux Foundation	Devereux Leo Kanner Learning Center										Baltimore	Pennsylvania		1
	Non-Community Based Residential Placement	Residential Educational Facilities	The Devereux Foundation	Devereux Mapleton Schools										Calvert	Pennsylvania		1
100	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - State Facility/Youth Center	Backbone Mountain Youth Center							124, Camp 4 Road	124, Camp 4 Road	Swanton	Garrett	MD	21562	23

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114	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - State Facility/Youth Center	Green Ridge Youth Center							10700,Fifteen Mile Creek Road N.E.	10700,Fifteen Mile Creek Road N.E.	Flintstone	Allegany	MD	21530	18
116	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Youth Center	Meadow Mountain Youth Center							234,Recovery Road	234,Recovery Road	Grantsville	Garrett	MD	21536	28
120	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - State Facility/Youth Center	Savage Mountain Youth Center							164,Freedom Lane	164,Freedom Lane	Lonaconing	Allegany	MD	21539	17
146	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Programs	Catoctin Summit Adol. Prog.							5980,Cullen Dr.	5980,Cullen Dr.	Sabillasville	Frederick	MD	21780	5
178	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Good Shepherd Center - Females Program							4100,Maple Avenue	4100,Maple Avenue	Baltimore	Baltimore County	MD	21227	11
201	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Programs	Lois E. Jackson Unit-Addictions Program							10102,Country Club Road SE	10102,Country Club Road SE	Cumberland	Allegany	MD	21502	4

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231	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	RICA-Baltimore Residential Treatment Center							605,S Chapel Gate Ln	605,S Chapel Gate Ln	Baltimore	Baltimore City	MD	21229	4
398	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Woodbourne Residential Treatment Center							1301,Woodbourne Avenue	1301,Woodbourne Avenue	Baltimore	Baltimore City	MD	21239	28
417	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Jefferson School							2940,Point Of Rocks Rd.	2940,Point Of Rocks Rd.	Jefferson	Frederick	MD	21755	7
451	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Sheppard Pratt Towson MANN RTC							6501,N Charles Street	6501,N Charles Street	Baltimore	Baltimore County	MD	21204	20
464	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Programs	Morning Star Youth Academy							1441,Taylor's Island Road	1441,Taylor's Island Road	Woolford	Dorchester	MD	21677	19
1030693	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	New Directions Chesapeake Treatment Center- Hickey							9700,Old Harford Road	9700,Old Harford Road	Baltimore	Baltimore County	MD	21234	17
1412954	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Potomac Ridge Residential Treatment Center							14901,Broschart Rd	14901,Broschart Rd	Rockville	Montgomery	MD	20850	4

Agency Provider ID	Category	Subcategory	Organization Name	Provider Name	License Num.	License Agency	License Type	Agency Cap.	License Cap.	Age From	Age To	Provider Address	City	Juris.	State	ZIP	No. of Plcmnts
1457410	Non-Community Based Residential Placement	Diagnostic Evaluation Treatment Program (DETP)	Diagnostic Units / CEU	Arrow Child and Family Ministries - Diagnostic Center							1605,Cromwell Bridge Rd	1605,Cromwell Bridge Rd	Baltimore	Baltimore County	MD	21234	5
2319648	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - State Facility/Youth Center	Victor Cullen Center							6000,Cullen Dr	6000,Cullen Dr	Sabillasville	Frederick	MD	21780	28
2368589	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - Redirect	Green Ridge - Mountain Quest							10700,Fifteen Mile Creek Road N.E.	10700,Fifteen Mile Creek Road N.E.	Flintstone	Allegany	MD	21530	7
2696126	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Rite of Passage - Silver Oak Academy							999,Crouse Mill Rd.	999,Crouse Mill Rd.	Keymar	Carroll	MD	21757	42
2947094	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Good Shepherd Center Males Program							4100,Maple Avenue	4100,Maple Avenue	Baltimore	Baltimore County	MD	21227	3
3062911	Non-Community Based Residential Placement	Juvenile Detention and Commitment Centers	Committed - State Facility/Youth Center	J. DeWeese Carter Youth Facility Young Women's Hardware Secure Program							,Upper Shore Com Center Po Box 229	,Upper Shore Com Center Po Box 229	Chestertown	Kent	MD	21620	9

Agency Provider ID	Category	Subcategory	Organization Name	Provider Name	License Num.	License Agency	License Type	Agency Cap.	License Cap.	Age From	Age To	Provider Address	City	Juris.	State	ZIP	No. of Plcmnts
3567744	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	The Right Moves Chesapeake Treatment Center- Hickey							9700,Old Harford Road	9700,Old Harford Road	Baltimore	Baltimore County	MD	21234	2
158	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	Devereux Georgia								1291,Stanley Road Nw	Kennesaw	Out of State	GA	30152	1
177	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Glen Mills Schools (PA)								,Glen Mills Road	Concordville	Out of State	PA	19331	6
1762755	Non-Community Based Residential Placement	Secure Juvenile Commitment	Enhanced Academy	Cornell Abraxas Youth Center – Fire Setters Programs								10058,South Mountain Road	South Mountain	Out of State	PA	17261	1
1940798	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Sequel - Clarinda Academy								1820,North 16th Street	Clarinda	Out of State	IA	51632	2
1940813	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Sequel - Woodward Academy								1251,334th Street	Woodward	Out of State	IA	50276	4
1974129	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Programs	Summit Academy - Inpatient Drug and Alcohol Program								839,Herman Road	Herman	Out of State	PA	16039	4

Agency Provider ID	Category	Subcategory	Organization Name	Provider Name	License Num.	License Agency	License Type	Agency Cap.	License Cap.	Age From	Age To	Provider Address	City	Juris.	State	ZIP	No. of Plcmnts
2095937	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Keystone Continuum LLC-Natchez Trace Youth Academy								415,Seven Hawks Lane	Waverly	Out of State	TN	37185	5
2098408	Non-Community Based Residential Placement	Secure Juvenile Commitment	Enhanced Academy	Mid-Atlantic Youth Services, Luzerne Co. Juv Center								701,Sathers Drive	Pittston Township	Out of State	PA	18640	2
2200463	Non-Community Based Residential Placement	Secure Juvenile Commitment	Enhanced Academy	Mid Atlantic Youth Services-Western PA Child Care (WPACC)								12,Dakota Drive	Emienton	Out of State	PA	16373	3
2395474	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Rite of Passage - Canyon State Academy								20061,E. Rittenhouse Road	Queen Creek	Out of State	AZ	85242	1
2493890	Non-Community Based Residential Placement	Secure Juvenile Commitment	Enhanced Academy	Cornell Abraxas Academy - Secure Sex Offender and Habitual Offender Programs								1000,Academy Drive	Morgantown	Out of State	PA	19543	4
2920798	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	KidLink Network - Foundations for Living								1451,Lucas Road	Mansfield	Out of State	OH	44905	1
3379254	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Intermediate Academy	Keystone Continuum LLC - Natchez Trace Youth Academy's Young Adult Program								415,Seven Hawks Lane	Waverly	Out of State	TN	37185	3

Agency Provider ID	Category	Subcategory	Organization Name	Provider Name	License Num.	License Agency	License Type	Agency Cap.	License Cap.	Age From	Age To	Provider Address	City	Juris.	State	ZIP	No. of Plcmnts
3444397	Non-Community Based Residential Placement	Substance Abuse and Addiction Programs	Substance Abuse Programs	Summit Academy - New Outlook Academy- Girls Drug and Alcohol Treatment								900,Agnew Road	Pittsburgh	Out of State	PA	15227	1
3561823	Non-Community Based Residential Placement	Residential Treatment Centers	Residential Treatment Facility	UHS of Delaware- Sandy Pines Residential Treatment Center								11301,SE Tequesta Terrace	Tequesta	Out of State	FL	33469	2
3562007	Non-Community Based Residential Placement	Secure Juvenile Commitment	Enhanced Academy	Wolverine - Secure Treatment Center								15100,Mack Avenue	Grosse Pte Park	Out of State	MI	48230	1
	Non-Community Based Residential Placement	RTC-Public	RICA	RICA- Baltimore		OHCQ	Residential Treatment Center	45	45	0	120	605 South Chapel Gate Lane	Baltimore	Baltimore City	MD	21239	30
	Non-Community Based Residential Placement	RTC-Public	RICA	RICA-Rockville		OHCQ	Residential Treatment Center	80	80	0	120	15000 Broschart Road	Rockville	Montgomery	MD	20850	30
	Non-Community Based Residential Placement	RTC-Private	RICA	RICA			Residential Treatment Center			0	120				MD		263

EXHIBIT 3

Government of the District of Columbia

HUMAN CARE AGREEMENT

PAGE 1 OF 30

1. CONTRACT NUMBER DCJZ-2014-H-0007		2. REQUISITION/PURCHASE REQUEST NO.		3. EFFECTIVE DATE										
4. ISSUED BY Office of Contracting and Procurement 441 4 th Street, NW, Suite 700S Washington, DC 20001			5. ADMINISTERED BY (If other than Item 3): Department of Youth Rehabilitation Services 8300 Riverton Court Laurel, Maryland 20724											
6. NAME AND ADDRESS OF PROVIDER/PROVIDER (No. Street, county, state and ZIP Code) Seasons Residential Treatment Program, LLC. 13400 Edgemoor Road. Upper Marlboro, Maryland 20772 Telephone: 404-433-5205 Fax: E-Mail:														
7. PROVIDER/PROVIDERS SHALL SUBMIT ALL INVOICES TO: Department of Youth Rehabilitation Services Office of the Chief Financial Officer 8300 Riverton Court Laurel, MD 20724			8. DISTRICT SHALL SEND ALL PAYMENTS TO: Seasons Residential Treatment Program, LLC. 13400 Edgemoor Road. Upper Marlboro, Maryland 20772											
9. DESCRIPTION OF HUMAN CARE SERVICE AND RATE COST														
ITEM/LINE NO.	NIOP CODE	BRIEF DESCRIPTION OF HUMAN CARE SERVICE	QUANTITY OF SERVICE REQUIRED	TOTAL SERVICE UNITS	SERVICE RATE									
0001	952-95	Short Term Placement Services (Staff Secured)			See Schedule B									
0002	952-95	Short Term Placement Services (Hardware Secured)												
0003	952-95	Educational Services												
				Total	\$									
				Total From Any Continuation Pages	\$									
				GRAND TOTAL	\$									
10. APPROPRIATION DATA AND FINANCIAL CERTIFICATION														
LINE	AGT	YEAR	INDEX	PCA	OBJ	AOBJ	GRANT/PH	PROG/PH	AO1	AO2	AO3	PERCENT	FUND SOURCE	AMOUNT
A. SOAR SYSTEM OBLIGATION CODE:		B. Name of Financial Officer (Typed):			C. Signature:			D. Date:						
		Title:												
11. PERIOD OF HUMAN CARE AGREEMENT														
Starting Date:			Ending Date:											
HUMAN CARE AGREEMENT SIGNATURES														
Pursuant to the authority provided in D.C. Law 13-155, this HUMAN CARE AGREEMENT is being entered into between the Provider/Providers specified in Item No. 7 and Item No. 12 of page 1 of this document. The Provider/Providers are required to sign this document and return 3 original and signed copies to the Contracting Officer of the Issuing Office stated in Item No. 4 of page 1 of this document. The Provider further agrees to furnish and deliver all items or perform all the services set forth or otherwise identified within this Human Care Agreement and on any continuation sheets or appendices for the consideration stated above. The rights and obligations of the parties to this Human Care Agreement shall be subject to and governed by the following documents: (a) this Human Care Agreement, (b) the STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA GOVERNMENT SUPPLY AND SERVICES CONTRACTS, dated October 1, 1999; (c) Any other provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. This Human Care Agreement between the signatories to this document constitutes the final agreement of the parties.														
12. FOR THE PROVIDER/CONTRACTOR			13. FOR THE DISTRICT OF COLUMBIA											
A. Name and Title of Signer (Type or print) Name: <u>TYEAEIS JOHNSON</u> Title: <u>OWNER</u>			A. Name of Contracting Officer (Type or print) Joseph Stewart.											
B. Signature of the PROVIDER/CONTRACTOR: <u>[Signature]</u>			B. Signature of CONTRACTING OFFICER: <u>[Signature]</u>											
C. DATE 5/11/14			C. DATE 4/18/14											

THE SCOPE OF HUMAN CARE SERVICES

SECTION 1 – HUMAN CARE SERVICES AND SERVICE RATES

- 1.1 The Government of the District of Columbia, Office of Contracting and Procurement, Department of Youth and Rehabilitation Services, hereafter referred to as the "District," is Contracting through this Human Care Agreement with Seasons Residential Treatment Program LLC, hereafter referred to as the "Provider," for the purchase of human care services pursuant to the Human Care Agreement Amendment Act of 2000, Section 406 of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code § 2-354.06).
- 1.2 The District is not committed to purchase under this Human Care Agreement any quantity of a particular service covered under this Agreement. The District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.
- 1.3 Delivery or performance shall be made only as authorized by Task Orders issued in accordance with the Ordering Clause. The Provider shall furnish to the District Government, when and if ordered, the services specified in the Price Schedule
- 1.4 There is no limit on the number of Task Orders that may be issued. The District Government may issue Task Orders requiring delivery to multiple destinations or performance at multiple locations
- 1.5 This is a Human Care Agreement based on fixed unit rates. The provider shall deliver services in accordance with Section 4.

SECTION 2 PRICE SCHEDULE / FIXED UNIT RATE

- 2.1 The District is not committed to purchase under this Human Care Agreement any quantity of a particular service covered under this Agreement. The District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement. DYRS is not responsible for the educational costs incurred for special education services for those youth who have a valid IEP. The Provider shall be responsible for submitting invoices for special education services to the Office of the Superintendent of Special Education (OSSE) in the District of Columbia.

2.1.1 Base Year

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
0001	Short Term Placement Services in the Staff secured facility as described in Sections 4.1	Client/Per Day	\$ 365.00
0002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ 380.00

Awaiting Placement
DCJZ-2014-H-0007

0003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>
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2.1.2 Option Year One

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
1001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>383.00</u>
1002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>399.00</u>
1003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.3 Option Year Two

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
2001	Short Term Awaiting Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>402.00</u>
2002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>419.00</u>
2003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.4 Option Year Three

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
3001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>423.000</u>
3002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>440.00</u>
3003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.5 Option Year Four

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
4001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>444.00</u>
4002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>462.00</u>
4003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

SECTION 3 – SCOPE OF HUMAN CARE SERVICES

- 3.1 The Government of the District of Columbia, on behalf of the Department of Youth Rehabilitation Services, is seeking providers that shall operate staff secured and/or hardware-secured, Short Term Placement, 24-hours, maximum 25-bed facilities to provide services to the DYRS population as specified in Section 4.

3.1.1 Applicable Documents

Item No.	Document Type	Title	Date
1	Court Document	Jerry M., et al Plaintiffs v. District of Columbia, et al., Defendants Civil No. 1519-85 (IFP) – Synopsis	7-10-86

		Superior Court of the District of Columbia Available at: Bureau of Courts and Community Services Department of Youth Rehabilitation Services 450 H Street, NW Washington, D.C. Telephone: 202-724-5071	
2		Federal Individuals with Disabilities Education Act, 20 U.S.C.A. § 1400 <i>et seq.</i> , Subchapters I and II available at http://fedlaw.gsa.gov or http://www.law.cornell.edu/uscode/	1990
3	Public Law 101-336, July 26, 1990	Americans with Disabilities Act 42 USCA § 12101-102; 12131-134. available at http://fedlaw.gsa.gov or http://www.law.cornell.edu/uscode/	1990
4	D.C. Law Concerning Proceedings Regarding Delinquency, Neglect or Need of Supervision	D.C. Official Code, Section 16-2301-2372 available at http://dccode.westgroup.com	
5		District Personnel Manual Mandatory Employee Drug & Alcohol, Chapter 39 of the District Personnel Regulations	
6	DYRS Document (Policy & Procedures)	Unusual Incident & After Hours Emergencies Protocol Available at: Division of Courts and Community Services Department of Youth Rehabilitation Services 450 H Street, NW Washington, DC 20001 Telephone: 202-724-5071	
7		Education for All Handicapped Children Act 1975 (P.L. 94-142);	

8		DYRS Establishment Act and specifically, D.C. Code § 2-1515.04,	
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3.2 Definitions

- 3.2.1 Abscondence:** The youth is absent from an approved placement.
- 3.2.2 Bio-Psychosocial Assessment:** An assessment that considers biological, psychological, and social factors in evaluating a youth's mental health, social status, and functional capacity.
- 3.2.3 Community Placement Agreement:** – Document detailing requirements and conditions for the youth that govern his or her community placement.
- 3.2.4 Education support/advocacy:** Services designed to increase the educational skills of youth. These may include individualized approaches as well as use of non-traditional methods and materials, for example, computers, mentors, or tutors.
- 3.2.5 IDEA:** Individuals with Disabilities Education Act is a law ensuring services to children with disabilities.
- 3.2.6 Individual Education Program (IEP):** Program designed to meet the unique educational needs of a child who may have a disability.
- 3.2.7 Individualized Service Plan (ISP):** Also referred to as Individualized Development Plan (IDP). This is a document that specifically identifies the goals, objectives, strategies, responsible parties and resources to address the assessed strengths and needs of a committed youth and the family. The DYRS case manager designs the plan to ensure that habilitative and rehabilitative services are correlated to the Positive Youth Development Model (PYD) principles which is a comprehensive way of thinking about the development of adolescents and the factors that facilitate their successful transition from adolescence to adulthood. The plan is developed and periodically updated in conjunction with the DYRS case manager, youth, youth's family and designated service providers
- 3.2.8 Individual Treatment Plan (ITP):** A document developed by a planning team comprised of Provider clinical staff, youth, youth's family and DYRS case manager. The ITP serves as the single document that integrates all support a youth may receive irrespective of where the youth resides. The ITP presents the measurable goals and objectives as it relates to youth's strengths, needs, diagnosis, and desired outcomes. The ITP also addresses the provision of safe, secure, and dependable support that is necessary for the youth's well-being, independence and social inclusion.

3.2.9 **Qualified Personnel:** Persons holding official credentials, accreditation registration, certification, or licenses issued by their jurisdiction and, for the purposes of providing services to youth. The term shall include administrators, therapists, professional nurses, physicians, psychologists and professional counselors, and social workers. Persons providing direct care to DYRS youth should be suitable for employment pursuant to 29 DCMR 6228.

3.2.10 **MAYSI-2:** The MAYSI-2 is a standardized, 52-item, true-false method for screening every youth of ages 12-17 entering the juvenile justice system, in order to identify potential mental health problems in need of immediate attention

3.2.11 **Trauma-Based Behavioral Health Care:** An evidence-based treatment approach designed to help youth overcome trauma-related difficulties by reducing negative emotional and behavioral responses.

3.3 **BACKGROUND**

3.3.1 The Department of Youth Rehabilitation Services (DYRS) serves youth up to age 21 who have been committed to its care and custody by the D.C. Superior Court Family Division. DYRS' mission is to improve public safety and give court-involved youth the opportunity to become more productive citizens by building on the strengths of the youth and their families in the least restrictive, most homelike environment. In partnership with the community, this balanced approach to juvenile justice promotes the rehabilitation of delinquent youth toward reforming their behavior in the context of increased accountability, expanded personal competencies, positive youth development and enhanced community restoration. Pursuant to the DYRS Establishment Act and specifically, D.C. Code § 2-1515.04, DYRS is responsible for establishing through contracts, Provider agreements, human care agreements, grants, memoranda of agreement or understanding, or other binding agreements a system of secure and community-based facilities and rehabilitative services with governmental bodies, public and private agencies, institutions, and organizations, for youth that will provide intervention, individualized assessments, continuum of services, safety, and security.

3.3.2 Youth committed to DYRS following a court disposition hearing or youth who are in need of an alternate placement to facilitate treatment may need to be placed in a short term staff secure or hardware secure facility while awaiting placement in a long-term rehabilitative treatment program. Currently, male youth in need of a hardware-secure facility while awaiting placement are housed at the DYRS New Beginnings Youth Development Center and female youth are housed at the DYRS Youth Services Center (YSC). The Provider selected will provide short Term Awaiting Placement services at a staff secured and /or hardware-secured facility for up to 25 youth.

3.3.3 Certain requirements of this solicitation are extremely important to DYRS in carrying out its responsibilities for this recurring need. Such components include a 24-hour staff secure/hardware secure facility that can provide diagnostic and assessment, educational programming, and rehabilitative treatment as mandated by law, DYRS directives, court orders and consent decrees.

A. DYRS is subject to the Jerry M. Consent Decree, a comprehensive mandate which addresses, in part, programmatic and operational objectives. The decree and court orders focus on reform

initiatives associated with the facilities, services and delivery of services to the youth placed in the custody and care of DYRS.

- B. DYRS provides enriched, culturally sensitive services, including recreational, rehabilitative, educational, mental health, medical, recreational, aftercare supervision, residential placements, independent living and mentoring/monitoring support in a nurturing and structured environment to the youth in its custody.

SECTION 4 REQUIREMENTS

- 4.1 The Provider shall operate staff secured /or a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population. The Provider facility shall accommodate youth between the ages of 12 and 21. This facility will provide a safe, highly-structured, stable and secure environment for youth who:
- a. Have been committed to DYRS following disposition by the D.C. Superior Court and are awaiting placement at a long-term facility; or
 - b. Are in noncompliance with the terms of their Community Placement Agreement and will require immediate placement at the proposed 24-hour facility for a prompt risk reassessment, intervention, data tracking and sanctions under the Graduated Responses Matrix for noncompliance.
- 4.2 The duration of placement for each youth will be assessed on a case-by-case basis, but should generally not exceed 28 days.
- 4.3 **Basic Program Expectations and Services**
- 4.3.1 The Provider shall provide the following services to youth:
- 1. Intake and diagnostic screening
 - 2. Onsite medical/dental care
 - 3. Trauma-based behavioral health care
 - 4. Individual and group counseling
 - 5. Substance abuse counseling
 - 6. Drug and alcohol testing
 - 7. Onsite education (including special education services)
 - 8. Structured recreation
 - 9. Life skills training
 - 10. Family visits/engagement
 - 11. Transition services
 - a. Discharge summaries/report writing
 - b. Information-sharing with long term placement providers and DYRS
 - c. Secure transportation
 - i. to and from judicial proceedings (court)
 - ii. to and from long-term placement
 - iii. case status review meeting, if applicable
 - iv. Medical and other services rendered in the community.

12. Behavioral health management/incentive system
13. Nutrition/food services
14. Case planning services
 - a. Youth and Family Team meetings
 - b. Community Status Review hearings
 - c. Private meeting areas for attorney visits
 - d. Video conferencing
 - e. Individual Development Plans (IDP)
 - f. Individual Education Program (IEP)
 - g. Individual Treatment Plan (ITP)

4.4 Intake and Diagnostic Screening

- 4.4.1 The Provider shall accept DYRS youth 24 hours a day, seven days a week and shall provide risk assessments, medical screening, and service planning within 72 hours of placement. If a youth, depending upon placement status and initial assessment, will remain at the facility for more than 48 hours, the Provider shall provide additional assessments as determined in conjunction with the DYRS case manager assigned to the youth.
- 4.4.2 The Provider shall have the capacity to administer the MAYSI-2 within 48 hours of admission.
- 4.4.3 The Provider shall conduct any risk assessment tool designated by DYRS.
- 4.4.4 For youth who remain at the facility more than seven days, the Provider shall have the capability to provide a Bio-Psychosocial Assessment to be completed by a clinical social worker.

4.5 Educational Services

- 4.5.1 If located within the District of Columbia, the Provider shall provide educational services Monday through Friday through a DC Public Schools (DCPS) certified education program. Staff secured facilities located within the District of Columbia may allow residents to attend school within the community. If located outside of the District of Columbia, the Provider shall provide educational services Monday through Friday through a program certified by the jurisdiction in which they are located. Hardware secure facilities and facilities outside the District of Columbia must provide educational services on the grounds of the facility.

Teachers will initially test all youth in mathematics and reading within 72 hours of placement to assess their level of ability. In addition, teachers will assess the youth's education and social history to determine the appropriate individualized daily curriculum for each youth.

- 4.5.2 The Provider shall ensure that the teacher coordinates with the youth's current school program to coordinate the completion of assignments from that program, or shall develop an acceptable curriculum if the youth is not currently enrolled in a school program. In the event the DYRS youth is being released to the community, the provider shall coordinate with DC Public schools to transition the youth back to his prior school placement or to an alternative school placement within the DC Public School system.

4.5.3 The Provider shall help to coordinate youth's education services with the youth's long term placement and ensure the transfer of information concerning the youth's educational services.

4.5.4 The Provider shall comply with the federal IDEA requirements and ensure that all youth with special education needs receive high quality and appropriate educational services.

4.6.1 **Trained Staff and Education Criteria**

4.6.2 The Contractor's staff shall consist of professional, paraprofessional and support personnel.

4.6.3 Juvenile justice professionals must be highly skilled and experienced with the principles, goals, and the latest advancements of juvenile rehabilitation and treatment provision, including the principles of Positive Youth Development. Direct care staff should preferably have 60 hours of college credit.

4.6.4 The Provider shall have a staffing pattern that provides on-site trained staff for twenty-four (24) hour coverage, seven (7) days a week (including holidays) based on the number of youth placed at the facility, to provide supervision and programming. The Contractor's professional and administrative staff shall consist of, at a minimum:

1. Center Administrator/Director with a Master's level degree;
2. Staff Assistant or equivalent;
3. Case Manager/Treatment Specialist with a bachelor's degree or equivalent to provide services to the youth and coordinate services with DYRS case managers;
4. Certified Addictions Counselor
5. Licensed Social Worker and or Licensed Professional Counselor with a District License
6. Direct Care Staff such as youth counselors or youth development workers to provide supervision and behavior management treatment to meet the treatment needs of the youth and to ensure the safety and security of the facility, youth, and the security of the public.
7. Nurse

4.6.5 The Provider shall have written policies that provide details describing program management, admissions, living and environment, case management, behavior management, program security, program safety, and conditional release. **The Contractor's employee will be trained annually in all agency policies and procedures.** These policies shall include at a minimum:

1. Orientation;
2. Staff training & development;
3. Non-discrimination, in accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 *et seq*;
4. Sexual harassment, in accordance with D.C. Mayor's Order 2004-171;
5. Employee performance evaluation;
6. Hours of work;
7. Disciplinary procedures;
8. Terminations;
9. Use of force;
10. Safe crisis management
11. Reporting unusual incidents;

12. Procedures for Reporting allegations of abuse, harm and risks to youth,
13. Employee conduct;
14. Search and seizure of weapons & illegal contraband;
15. Mandatory employee drug and alcohol testing;
16. Confidentiality of youth information;
17. Youth supervision and movement;
18. Suicide prevention;
19. Use of physical restraint;
20. Youth rights & responsibilities;
21. Grievance Process
22. Youth clothing;
23. Emergency preparedness plan (inclusive of sufficient food, water and equipment),
24. Housekeeping and inspection;
25. Youth phone access and visitation;
26. Secure youth transportation;
27. Abscondence; and
28. Positive Youth Development

- 4.6.6 The Provider shall provide sufficient qualified staff to support the treatment and rehabilitative needs of each youth. Staff shall have the requisite qualifications to provide services to the populations. Staff members responsible for performing professional services, including psychological, psychiatric, medical, social work, nursing, dental and education shall have a professional degree and appropriate license in his or her respective fields from an accredited college or university and current license if required by law.
- 4.6.7 The Provider shall ensure that staff is competent and sensitive in providing treatment to persons of diverse cultural backgrounds, as well as responsive to the needs of minority individuals.
- 4.6.8 The Provider shall maintain a complete, confidential individual personnel file for each staff person, contractor or volunteer containing the signed contract, employment or volunteer application, personal and professional references, applicable licenses, credentials and/or certificates, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct and actions with respect to the allegations and date and reason if terminated from employment or from providing volunteer services, which shall be accessible to the DYRS Contract Administrator (CA).
- 4.6.9 The Provider shall provide job descriptions for all staff positions to the DYRS CA within thirty (30) days from date of award. Each job description shall accurately describe duties for the position and include, at a minimum: job title, responsibility of the position and the required minimum education and experience. The Provider may use part time personnel in any employment category except for the director or equivalent position. A part-time employee is any employee employed for less than 40 hours per week. Full-time employment is defined as forty hours (40) per week.

- 4.6.10** The Provider shall provide orientation and training for all staff members with respect to administrative procedures, patient rights, confidentiality of youth records, including treatment records, reporting allegations of abuse and other risks to youth, grievance procedures and other relevant policies, procedures and protocols of DYRS and the Contractor.
- 4.6.11** The Provider shall maintain a current organizational chart displaying organizational relationships and responsibility lines of administrative oversight and supervision.
- 4.6.12** All personnel materials, including the individual personnel file, for each employee providing services pursuant to this Statement of Work shall be made available to the DYRS CA for review upon request.
- 4.6.13** The Provider shall ensure that direct services staff persons maintain certifications annually in Cardio-Pulmonary Resuscitation (CPR) and First Aid.
- 4.6.14** The Provider shall adhere to the following staff security requirements:
1. In accordance with DC Official Code § 4-1501.01 et seq., the Provider shall conduct routine pre-employment and annually criminal record background checks of the Provider's applicable staff, volunteer, contractor and future staff that will provide services pursuant to this Statement of Work. The Provider shall not employ any staff in the fulfillment of the work pursuant to this Statement of Work unless said person provides the results of a background check, to include FBI, a National Criminal Information Center Report and annual Child Protective Services Report (abuse and neglect). Staff shall not have any convictions of child abuse, child neglect, spousal abuse, a crime against children, including child pornography or a crime involving violence, including but not limited to, rape, sexual assault, homicide and assault for any disqualifying offenses as enumerated in 29 DCMR 6228.
 2. After award of the contract, the Provider shall furnish copies of the certified criminal history records of applicable Provider staff, contractor or volunteer to the Contract Administrator upon request. Any conviction or arrest of the Contractor's employees, contractor or volunteer will be reported to the DYRS Contract Administrator within five (5) days of notification from NCIC or FBI, for further review and final determination of eligibility for employment by the D.C. Department of Human Resources (DCHR).
- 4.6.15** The Contractor's employees, contractors and volunteers shall have a pre-employment drug test and be subject to ongoing random mandatory drug and alcohol testing in accordance with District of Columbia's Mandatory Employee Drug and Alcohol Testing (MEDAT) regulations.
- 4.6.16** The Provider shall always be responsible for the effective supervision and treatment of DYRS youth and the orderly operation of the facility and shall notify DYRS of any unforeseen circumstance, which may affect the safety, security, or orderly operation of the facility.
- 4.7** **CONTRACTOR'S FACILITY**
- 4.7.1** The orientation and assessment facility shall include, but not be limited to, separate sleeping quarters for each youth, dining area and space for recreation.

4.7.2 The Provider shall provide in the facility internet accessible computer, telephone, fax, scanner, e-mail, and TTY and TDY service. The Contractor's facility shall be in accordance with the following:

1. The Contractor's facility shall have a license in good standing and in compliance with all local and federal regulations.
2. The Provider shall maintain an emergency plan approved by local fire officials that clearly documents emergency preparedness, which includes information about the emergency site arrangements. The Contractor's emergency preparedness plan shall be available for review upon the request of the Contract Administrator and the designated program monitor. The emergency plan shall be reviewed annually, updated as necessary, and redistributed as changes occur.
3. The Provider shall provide, at no additional cost to the District, supplies and services routinely needed for maintenance and operation of the home, such as, but not limited to, security, janitorial services, trash pick-up, laundry or linens.
4. The District reserves the right to inspect the facility prior to placement of youth. The District will conduct periodic, scheduled and unscheduled site visits for the purpose of directly observing the provision of services and discussing performance relative to the terms and conditions of a task order.
5. The Provider shall ensure that the facility meets all licensing, registration and occupancy requirements, building safety, fire, health and sanitation codes and all other required certifications as prescribed by the governing jurisdiction and maintain current all required permits and licenses.

4.8 FOOD SERVICES

- 4.8.1** The Provider shall provide three (3) meals and a snack a day for youth in accordance with a menu approved by a licensed nutritionist listing for seven (7) days a week.
- 4.8.2** The Provider shall make arrangements for special diets as required by a youth's physician or dentist.
- 4.8.3** The Provider shall comply with all regulations pertaining to handling of food in accordance with the regulations set forth by DCRA or state-equivalent and the USDA Model Food Code.
- 4.8.4** The Provider shall make their food service facility available to DYRS for inspections.

4.9 POLICY AND PROCEDURE MANUAL

The Provider shall conform to DYRS policies and procedures, Program Statements and all DYRS and Court Orders as cited herein, which will be made part of any contract. A copy of these documents can be requested in writing from:

Department of Youth Rehabilitation Services
Management Support Services
8400 River Road
Laurel, MD 20724

4.10 OTHER PROVIDER REQUIREMENTS

1. Adhere to licensing regulations and state requirements in accordance with all existing federal and District of Columbia or state-equivalent laws, rules and regulations.
2. Provide the DYRS Contract Administrator immediate notification of any restriction, suspension or other disciplinary actions taken by your state licensing or regulatory agency.
3. Commit to a philosophy of unconditional care, by agreeing not to eject a youth that have been accepted but rather renegotiate an individual placement with the agency on a particularly difficult referral.

4.11 ADMINISTRATIVE OPERATIONS

The Provider shall, at a minimum, provide or maintain the following administrative operations to support the delivery of extended family or therapeutic services for youth:

1. Provide services 24 hours per day seven days per week. The Provider shall maintain an administrative office, which shall operate at a minimum from 9:00 a.m. to 5:00 p.m., Monday through Friday, except on federal holidays.
2. Report all unusual or critical incidents, including abscondence, involving youth referred by the District in accordance with the policies and procedure as approved by DYRS.
3. **Reports due to DYRS must be submitted to the DYRS case manager and to dyrs.providerreport@dc.gov**

4.12 JUVENILE SERVICES

The Providers shall maintain comprehensive case files for each youth including historical, background, and other relevant information received from DYRS case managers. Case files shall be maintained in a manner that is both organized and representative of the youth's progress based on the youth's prescribed ISP and updates to the ISP. Case files shall include daily progress notes for individual youth. The Provider shall also provide the DYRS case manager with a work plan that details the intensity and frequency of services described in the ISP, within 15 days of receiving the ISP. The work plan shall address, but not be limited to, the following:

1. Supervision and treatment by providing activities designed to provide external constraints for the youth's behavior, monitor the behavior, and strengthen the adherence and acceptance of rules.
2. Provide regularly scheduled recreation/leisure/cultural activities designed to engage, stimulate and expose youth to vocational, artistic and consciousness raising pursuits.
3. Coordinate with the DYRS case manager for clinical services necessary to meet and support the treatment objectives and strategies described in the ISP, including, but not limited to, individual and group counseling that focuses on day-to-day adjustment issues. This may also include formal psychotherapeutic or behavior modification techniques.

4.13 REPORTS

4.13.1 The Provider shall provide the Contract Administrator with quarterly report data that supports DYRS' quality assurance plan used to assess the effectiveness of the Contractor's services. The Quarterly report shall, at a minimum, include the following information:

1. Names and number of youth admitted to the program.
2. Names and number of youth receiving services.
3. Number and content of training for staff (includes list of participants and participant evaluations).
4. Name and position of staff working with DYRS youth.

4.13.2 The Provider shall prepare and submit individual monthly progress reports to the assigned DYRS case manager. The monthly progress report shall, at a minimum, document the youth's progress in each identified area of service as follows:

1. Life skills;
2. Recreation and leisure activities;
3. Academic performance;
4. Individual therapy;
5. Group therapy;
6. Addiction support;
7. Health/medical updates;
8. Unusual incidents;
9. Abscondence reports; and
10. Updated service strategies.
11. Psychiatric/psychological evaluations
12. Medication assessments

C.14 ELIGIBILITY

Eligibility for services under the agreement with DYRS shall be determined and re-determined by the District, as applicable, in accordance with prescribed procedures. The Provider shall be subject to a written determination that it is qualified to provide the services and shall continue the same level of qualifications, subject to a review by the District, according to the criteria delineated in 27 DCMR, Chapter 19, Section 1905.6, as amended.

SECTION 5 DELIVERABLES for Base Year and Option Years 1 through 4 (All Deliverables shall be delivered to the CA specified in Section 17)

5.1 Deliverable for Base Year and Option Years 1 through 4 (All Deliverable shall be delivered to the Contract Administrator specified in Section 16. a)

Contract Line Item Number (CLIN)	Deliverable	Method of Delivery	Due Date
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Initial ITP	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name (Placement) - Youth's Name - Facility Name - Date Completed - Date submitted	The initial ITP shall be completed and submitted within 15 days of placement to the DYRS case manager and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Updated Treatment Plans and/or Monthly Progress Reports	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Projected Release Date	Updated Treatment Plans and/or Monthly Progress Reports are due the 10 th day of each month to the DYRS case manager and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Transitional Plan	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Scheduled Release Date	Transition Planning Report is due 90 days before the projected discharge date and should accompany the monthly progress report to the DYRS Case Manager. and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Discharge Package	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Scheduled Release Date	The Discharge package shall be submitted 60 days before the scheduled discharge date to the DYRS Case Manager and dyrs.providerreport@dc.gov

0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Emergency Plans	1 electronic copy to clearly labeled with the following: -Deliverable Name -Facility Name -Date of Revision	The Emergency Plan with alternative placement sites is to be submitted to the CA 10 business days after award of a Human Care Agreement to the CA and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	DYRS Unusual Incident Report	1 electronic copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted	All Unusual Incident Reports shall be submitted via email or telephone by the end of the shift in which the incident occurred and followed up with a written report to the CA and DYRS Case Manager within 24 hours and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	DYRS Absconder Report	1 electronic copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted	All Absconder Reports shall be submitted to the CA via email by the end of the shift in which the incident occurred with a copy forwarded to the DYRS case manager and Quality Assurance Unit and dyrs.providerreport@dc.gov

Section 7 District Responsibilities

- 7.1 The Department of Youth Rehabilitation Services will provide the following: a) written requests for care indicating youth identified as needing psychiatric services b) reasonably quiet, confidential space to see youth; c) access to medical charts; d) Provide training courses in "Safe Crisis Management" and "Suicide Prevention" and CPR; e) develop and implement quality assurance tools to evaluate the provider's performance on responsibilities indicated above; and f) DYRS shall makes payments to the provider on a monthly basis for the services provided during the previous month as invoiced.

Section 8 Monitoring

- 8.1 a) The Department of Youth Rehabilitation Services shall monitor the quality of services provided; and b) monitoring shall include, but is not limited to, review of documentation in medical charts, monitoring of medications prescribed by the Pharmacy and Therapeutic Committee, and review of labs ordered based on standard baseline labs to be completed for psychotropic medication monitoring.

Section 9 Compliance With Service Rates

- 9.1 All human care services shall be provided, and the District shall only pay, in accordance with the service rates shown in Section 2, Human Care Services and Service Rates. If any overpayment occurs, the provider shall repay the District the full amount of the overpayment. The Provider shall provide no human care unless the District makes an official referral and issues a task order to the Provider.

Section 10 Method of Delivery of Services

- 10.1 a) Youth are to be seen face-to-face based on request for care received from the youth, behavioral health staff or medical staff; and
- 10.2 b) Psychiatric or forensic evaluations are completed based on requests from behavioral health supervisory staff and/or courts.

Section 11 Eligibility

- 11.1 Eligibility for services under this Human Care Agreement shall be determined and re-determined by the District, as applicable, in accordance with prescribed procedures. The provider shall be subject to a written determination that it is qualified to provide the services and shall continue the same level of qualifications, subject to a review by the District, according to the criteria delineated in 27 DCMR, Chapter 19, Section 1905.6, as amended which is incorporated into this Agreement as Attachment 41.3.

Section 12 Compliance with Laws

- 12.1 As a condition of the Provider's obligation to perform for the District's under this Agreement, the Provider shall comply with all applicable District, federal and other state and local governmental laws, regulations, standards, or ordinances and, where applicable, any other applicable licensing and permit laws, regulations, standards, or ordinances as necessary for the lawful provision of the services required of the Provider under the terms of this Human Care Agreement.

Section 13 Human Care Service Delivery and Performance

- 13.1 The term of this Human Care Agreement shall be for a period of one(1) base year and four (4) additional option years subject to an agreement of the parties, subject to the continuing availability of funds for any period beyond the end of the fiscal year in which this Agreement is awarded.
- 13.2 If the Provider fails to perform its obligations under this Human Care Agreement in accordance with the Agreement and in a timely manner, or otherwise violates any provision of this Human Care Agreement, the District may terminate this Human Care Agreement for default or convenience of the District upon serving written notice of termination to the Provider in accordance with sections 6, 8 or 16 of the Government of the District of Columbia Standard Contract Provisions For Use With District of Columbia Government Supply and Services, dated July 2010, hereafter referred to as "Standard Contract Provisions", which is incorporated into this Agreement by reference.
- 13.3 The District reserves the right to cancel a task order issued pursuant to this Human Care Agreement upon thirty (30) days written notice to the Provider.

Section 14 Agreement Not A Commitment of Funds or Commitment to Purchase

- 14.1 This Agreement is not a commitment by the District to purchase any quantity of a particular good or service covered under this Human Care Agreement from the Provider. The District shall be obligated only to the extent that authorized purchases are actually made by purchase order or task order pursuant to this Human Care Agreement.

Section 15 Option to Extend Term of the Agreement

- 15.1 The District Government may extend the term of this Human Care Agreement for a period of four (4) one (1) year option periods, or fractions thereof, by written notice to the Provider prior to the expiration of the Agreement; provided that the District gives the Provider written notice of its intent to extend at least thirty (30) days before the Human Care Agreement expires. The preliminary notice does not commit the District to an extension. . The Provider may waive the thirty (30) day notice requirements by providing a written notice to the Contracting Officer.
- 15.2 The service rates for the option periods shall be as specified in Section 2, Human Care Services and Service Rates.
- 15.3 If the District exercises an option, the extended Human Care Agreement shall be considered to include this option provision.
- 15.4 The total duration of this Human Care Agreement including the exercise of any options under this clause shall not exceed five (5) years.

Section 16 Contracting Officer

- 16.1 The Contracting Officer (CO) is the only District official authorized to bind contractually the District through signing a human care agreement or contract, and all documents relating to the human care agreement. All correspondence to the Contracting Officer shall be forwarded to: Joseph Stewart, Contracting Officer, Office of Contracting and Procurement Human Care Services Group 441 4th Street, N.W. Suite 700 South Washington, D.C. 20001 Telephone Number: (202) 724-8759 and E-Mail: Joseph.stewart@dc.gov

Section 17 Contract Administrator

- 17.1 The Contract Administrator (CA) is the representative responsible for the general administration of this Human Care Agreement and advising the Contracting Officer as to the compliance or noncompliance of the provider with this Human Care Agreement. In addition, the Contracting Officer's Representative is responsible for the day-to-day monitoring and supervision of this Agreement. The Contracting Officer's representative is not authorized or empowered to make amendments, changes, or revisions to this agreement. The CA shall be appointed by the Office of Contracts and Procurement at the time that the Human Care Agreement is awarded to the individual providers.

Section 18 Contact Person

- 18.1 For information concerning this Human Care Agreement contact: Mr. Dwight Hayes, Contract Specialist, Office of Contracting and Procurement 441 4th St., NW, Suite 706 North Washington, D. C. 20001 Telephone Number: (202) 727-2354 and E-Mail: dwight.hayes@dc.gov

Section 19 Ordering and Payment

- 19.1 The Provider shall not provide services or treatment under this Agreement unless the Provider is in actual receipt of a purchase order or task order for the period of the service or treatment that is signed by the Contracting Officer.
- 19.2 All purchase orders or task orders issued in accordance with this Agreement shall be subject to the terms and conditions of this Agreement. In the event of a conflict between a purchase order or a task order and this Agreement, the Agreement shall take precedence.
- 19.3 The Provider shall forward or submit all monthly invoices for each referral for services to the agency, office, or program requesting the specified human care service and as specified on page one (1) of the purchase order/task order, "Provider Shall Submit All Invoices To: Department of Youth Rehabilitation Services Office of the Chief Financial Officer 64 New York Ave., NE, 6th Floor Washington., D.C. 20002
- 19.4 To ensure proper and prompt payment, each invoice for payment shall provide the following minimum information: (1) Provider name and address; (2) Invoice date, number and the total amount due; (3) Period or date of service; (4) Description of service; (5) Quantity of services provided or performed (6) Contract line item number (CLIN) , as applicable to each purchase order or task order; (7) Purchase order or task order number; (8) Agreement number; (9) Federal tax identification number (TIN); (10) Any other supporting documentation or information, as required; (11) Name, title and telephone signature of the preparer; (12) Identification of each recipient of chore aide/emergency caretaker service; (13) The recipient's authorization number and census track; (14) The APS supervisor or social worker responsible for the case; (15) The weekly authorization for the number of ours of service that is authorized for each client; (16) The specific dates and the hours for which serve was rendered for each client; (17) The total cost for each client; and (18) The itemized information for all miscellaneous expenditure.
- 19.5 Payment shall be made only after performance by the Provider under the Agreement as a result of a valid purchase order or task order of the agreement, or the purchase order/task order, in accordance with all provisions thereof.

Section 20 Inspection and Acceptance

- 20.1** The inspection and acceptance requirements for the resultant agreement shall be governed by the Inspection of Services Clause § 7 of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010, located at www.ocp.dc.gov.
- 20.2** The Provider shall permit persons duly authorized by the Contracting Officer to inspect any records, papers, documents, facilities, and/or goods and services of the Provider which are relevant to the human care agreement, and/or to interview any program participants and employees of the Provider to assure the District of the satisfactory performance of the terms and conditions of the task order resulting from this human care agreement.
- 20.3** Following such evaluation, the CA will deliver to the Provider a written report of its findings and will include written recommendations with regard to the Provider's performance of the terms and conditions of the contract.
- 20.4** The Provider will correct all noted deficiencies identified by the CA within specified period of time set forth in the recommendations.
- 20.5 Inspection and Acceptance-deficiencies**
- 20.5.1** The Provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Contracting Officer, result in any one or any combination of the following:
- 20.5.2** The Provider being deemed in breach or default of this agreement.
- 20.5.3** The withholding of payments to the Provider by the District.
- 20.5.4** The termination of the Agreement for cause.

Section 21 Standard Contract Provisions Incorporated by Reference

- 21.1** The Government of the District of Columbia Standard Contract Provisions For Use With District of Columbia Government Supply and Services, dated July 2010, hereafter referred to as the "Standard Contract Provisions" are incorporated by reference into this Agreement, and shall govern the relationship of the parties as contained in this Agreement. By signing this Agreement, the Provider agrees and acknowledges its obligation to be bound by the Standard Contract Provisions, and its requirements.

Section 22 Laws and Regulations Incorporated by Reference

- 22.1** By signing this Agreement, the Provider certifies, attests, agrees, and acknowledges to be bound by the following stipulations, representations and requirements of the provisions of the following laws, acts and orders, together with the provisions of the applicable regulations made

pursuant to the laws, and they are incorporated by reference into this Agreement:

Section 23 Child and Youth, Safety and Health Omnibus Amendment Act of 2004

- 23.1** The Provider agrees to comply with Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; DC Official Code § 4-1501.01 *et seq.*)(2006 Supp.), as amended by Title II of the Omnibus Public Safety Amendment Act of 2006, effective April 24, 2007 (D.C. Law 16-306; 54 DCR 6577) and its implementing regulations at Chapter 5 of 27 DCMR.

Section 24 District of Columbia Interstate Compact

- 24.1** Youth accepted for placement in facilities outside of the District, who are under the age of 18 will be referred and approved for placement by District of Columbia Interstate Compact for Placement of Children.

Section 25 Confidentiality

- 25.1** All services or treatment provided by the Provider through referrals by the District to the Provider shall be provided in a confidential manner and the Provider shall not release any information relating to a recipient of the services or otherwise as to the provision of those services or treatment to any individual other than an official of the District connected with the provision of services under this Human Care Agreement, except upon the written consent of the individual referral, or in the case of a minor, the custodial parent or legal guardian of the individual referral.

Section 26 Tax Compliance Certification

- 26.1** In signing and submitting this Human Care Agreement and the Tax Certification Affidavit, the Provider certifies, attests, agrees, and acknowledges that the Provider is in compliance with all applicable tax requirements of the District of Columbia and shall maintain that compliance for the duration of the Agreement.

Section 27 Amendments

- 27.1** This Human Care Agreement, including the Provider's CQR (Attachment 39.2.1), applicable documents and attachments incorporated by reference constitutes the entire Agreement between the parties and all other communications prior to its execution, whether written or oral, with reference to the subject matter of this Agreement are superseded by this Human Care Agreement. The Contracting Officer may, at any time, by written order and without notice to a surety, if any, make amendments or changes in the agreement within the general scope, services, or service rates of the Agreement. No amendment to this Agreement shall be valid unless approved in writing by the Contracting Officer, subject to any other approvals required in accordance with the District regulations at 27 DCMR. Except that the Contracting Officer may make purely clerical or administrative revisions to the Agreement with written notice to the Provider.

Section 28 Subcontracts

- 28.1** The Provider shall not subcontract any of the work or services provided in accordance with this Agreement to any subContractor without the prior written consent of the Contracting Officer. Any work or service that may be subcontracted shall be performed pursuant to a written subcontract agreement, which the District shall have the right to review and approve prior to its execution. Any such subcontract shall specify that the Provider and the sub- Provider shall be subject to every provision of this Human Care Agreement. Notwithstanding any subcontract approved by the District, the Provider shall remain solely liable to the District for all services required under this Human Care Agreement.

Section 29 Provider Responsibility

- 29.1** The Provider bears primary responsibility for ensuring that the Provider fulfills all its Human Care Agreement requirements under any task order or purchase order that is issued to the Provider pursuant to this Human Care Agreement.
- 29.2** The Provider shall notify the District immediately whenever the Provider does not have adequate staff, financial resources, or facilities to comply with the provision of services under this Human Care Agreement.
- 29.3** The Provider's employees shall report all unusual incidents on the Unusual Incident Report, including allegations of abuse or neglect, involving any client that is provided with services by the Provider by telephone to DYRS, and followed up by a written report to DYRS within forty-eight (48) hours of the unusual incident.

Section 30 Publicity

- 30.1** The Provider shall at all times obtain the prior written approval from the Contracting Officer before it, any of its officers, agents, employees or subcontractors, either during or after expiration or termination of the contract, make any statement, or issue any material, for publication through any medium of communication, bearing on the work performed or data collected under this Agreement.

Section 31 Conflict of Interest

- 31.1** No official or employee of the District of Columbia or the Federal Government who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this Agreement shall, prior to the completion of the project, voluntarily acquire any personal interest, direct or indirect, in the agreement or proposed agreement. (DC Procurement Practices Act of 1985, D.C. Law 6-85, D.C. Code Section 1-1190.1 and Chapter 18 of the DC Personnel Regulations).
- 31.2** The Provider represents and covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Provider further covenants not to employ any person having such

known interests in the performance of the agreement.

Section 32 Department of Labor Wage Determinations

- 32.1** The Provider shall be bound by Wage Determination No. 2005-2103, Revision No.13, dated June 19, 2013, incorporated herein as Attachment 41.6, issued by the U.S. Department of Labor In accordance with the Service Contract Act of 1965, as amended (41 U.S.C. 351). The Provider shall be bound by the wage rates for the term of the contract. If an option is exercised, the Provider shall be bound by the applicable wage rate at the time of the option. If the option is exercised and the Contracting Officer for the option obtains a revised wage determination, that determination is applicable for the option period(s); the Provider may be entitled to an equitable adjustment.

Section 33 Access to Records

- 33.1** The Provider shall retain all case records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the human care agreement for a period of five (5) years after termination of the human care agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.
- 33.3** Persons duly authorized by the Contracting Officer shall have full access to and the right to examine any of the Provider's human care agreement and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

Section 34 Way to Work Amendment Act of 2006-Living Wage Notice

- 34.1** Available at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading 'e-Library', then click on Way to Work Amendment Act Notice'.

Section 35 Way to Work Amendment Act of 2006-Living Wage Fact Sheet

- 35.1** Available at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading 'e-Library', then click on 'Way to Work Amendment Act Fact Sheet'.

Section 36 HIPAA Privacy Compliance

- 36.1** Please reference the HIPAA Privacy Compliance Policy at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading e-Library, then click on HIPAA Privacy Compliance Policy Clause.

Section 37 CRIMINAL BACKGROUND AND TRAFFIC RECORDS CHECKS FOR CONTRACTORS THAT PROVIDE DIRECT SERVICES TO CHILDREN OR YOUTH

- A.** A Provider that provides services as a covered child or youth services provider, as defined in section 202(3) of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code

§ 4-1501.01 *et seq.*), as amended (in this section, the "Act"), shall obtain criminal history records to investigate persons applying for employment, in either a compensated or a volunteer position, as well as its current employees and volunteers. Annually, the provider shall request results of the criminal background checks for all employees, contractors and volunteers working with DYRS youth.

- B) Annually, the provider shall also obtain current driver's license and driving records to investigate persons applying for employment, as well as current employees, contractors and volunteers, when that person will be required to drive a motor vehicle to transport children in the course of performing his or her duties.
- C) The Provider shall inform all applicants requiring a criminal background check that the results of the applicant's criminal background check must be before the applicant may be offered a compensated position or volunteer position.
- D) The Provider shall inform all applicants requiring a traffic records check that a traffic records check must be received on the applicant before the applicant may be offered a compensated position or a volunteer position.
- E) The provider shall obtain from each applicant, employee, contractor and volunteer:
 - 1) a written authorization which authorizes the District and National Crime Information Center (NCIC) to conduct a criminal background check;
 - 2) a written confirmation stating that the Provider has informed him or her that the District and National Crime Information Center (NCIC) is authorized to conduct a criminal background check;
 - 3) a signed affirmation stating whether or not they have been convicted of a crime, pleaded nolo contendere, are on probation before judgment or placement of a case upon a stet docket, or have been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District or their equivalent in any other state or territory, or for any of the following felony offenses or their equivalent in any other state or territory:
 - (i) Murder, attempted murder, manslaughter, or arson;
 - (ii) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
 - (iii) Burglary;
 - (iv) Robbery;
 - (v) Kidnapping;
 - (vi) Illegal use or possession of a firearm;
 - (vii) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse;

- but excluding sodomy between consenting adults;
 - (viii) Child abuse or cruelty to children; or
 - (ix) Unlawful distribution of or possession with intent to distribute a controlled substance;
 - 4) a written acknowledgement stating that the Provider has notified them that they are entitled to receive a copy of the criminal background check and to challenge the accuracy and completeness of the report; and
 - 5) a written acknowledgement stating that the Provider has notified them that they may be denied employment or a volunteer position, or may be terminated as an employee or volunteer based on the results of the criminal background check.
- F) The provider shall inform each applicant, employee, and contractor and volunteer that a false statement may subject them to criminal penalties.
- G) Prior to requesting a criminal background check, the Provider shall provide each applicant, employee, contractor or volunteer with a form or forms to be utilized for the following purposes:
- 1) To authorize the Metropolitan Police Department (MPD), or designee, to conduct the criminal background check and confirm that the applicant, employee, contractor or volunteer has been informed that the Provider is authorized and required to conduct a criminal background check;
 - 2) To affirm whether or not the applicant, employee, contractor or volunteer has been convicted of a crime, has pleaded nolo contendere, is on probation before judgment or placement of a case upon a stet docket, or has been found not guilty by reason of insanity for any sexual offenses or intra-family offenses in the District or their equivalent in any other state or territory of the United States, or for any of the felony offenses described in paragraph H.11.5(C);
 - 3) To acknowledge that the applicant, employee, contractor or volunteer has been notified of his or her right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of the report;
 - 4) To acknowledge that the applicant may be denied employment, assignment to, or a volunteer position for which a criminal background check is required based on the outcome of the criminal background check; and
 - 5) To inform the applicant, contractor, volunteer or employee that a false statement on the form or forms may subject them to criminal penalties pursuant to D.C. Official Code §22-2405.
- H) The Provider shall direct the applicant, contractor, volunteer or employee to complete the form or forms and notify the applicant, contractor, volunteer or employee when and where to report to be fingerprinted.

- I) Unless otherwise provided herein, the Provider shall request criminal background checks from the Chief, MPD (or designee), who shall be responsible for conducting criminal background checks, including fingerprinting.
- J) The Provider shall request traffic record checks from the Director, Department of Motor Vehicles (DMV) (or designee), who shall be responsible for conducting traffic record checks.
- K) The Provider shall provide copies of the results of all criminal background and traffic check reports to the Contract Administrator (CA) within one business day of receipt.
- L) The Provider shall pay for the costs for the criminal background and traffic record checks, pursuant to the requirements set forth by the MPD and DMV. The District shall not make any separate payment for the cost of criminal background and traffic record checks.
- M) The Provider shall make an offer of appointment to, or assign a current employee or applicant to, a compensated position contingent upon receipt from the contracting officer of the CA's decision after his or her assessment of the criminal background or traffic record check.
- N) The Provider shall not make an offer of appointment to a volunteer or contractor whose position brings him or her into direct contact with children until it receives from the contracting officer the CA's decision after his or her assessment of the criminal background or traffic record check.
- O) The Provider shall not employ or permit to serve as a volunteer or contractor an applicant or employee who has been convicted of, has pleaded nolo contendere to, is on probation before judgment or placement of a case on the stet docket because of, or has been found not guilty by reason of insanity for any sexual offenses involving a minor.
- P) Unless otherwise specified herein, the Provider shall conduct annual criminal background checks upon the exercise of each option year of this contract for current employees, contractors and volunteers .
- Q) An employee, contractor or volunteer may be subject to administrative action including, but not limited to, reassignment or termination at the discretion of the CA after his or her assessment of a criminal background or traffic record check.
- R) The CA shall be solely responsible for assessing the information obtained from each criminal background and traffic records check report to determine whether a final offer may be made to each applicant, volunteer, contractor or employee. The CA shall inform the contracting officer of its decision, and the contracting officer shall inform the Provider whether an offer may be made to each applicant.
- S) If any application is denied because the CA determines that the applicant presents a present danger to children or youth, the Provider shall notify the applicant of such

determination and inform the applicant in writing that she or he may appeal the denial to the Commission on Human Rights within thirty (30) days of the determination.

- T) The provider shall institute a policy requiring employees and contractors providing direct care services to DYRS youth to submit to mandatory drug and alcohol testing during the pre-employment screening and on a random basis.
- U) Criminal background and traffic record check reports obtained under this section shall be confidential and are for the exclusive use of making employment-related determinations. The Provider shall not release or otherwise disclose the reports to any person, except as directed by the contracting officer.

SECTION 38 Insurance

38.1 A. GENERAL REQUIREMENTS. The Contractor shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Contractor shall have its insurance broker or insurance company submit a Certificate of Insurance to the CO giving evidence of the required coverage prior to commencing performance under this contract. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the CO. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an Alfred M. Best Company rating of A-VIII or higher. The Contractor shall require all of its subcontractors to carry the same insurance required herein. The Contractor shall ensure that all policies provide that the CO shall be given thirty (30) days prior written notice in the event the stated limit in the declarations page of the policy is reduced via endorsement or the policy is canceled prior to the expiration date shown on the certificate. The Contractor shall provide the CO with ten (10) days prior written notice in the event of non-payment of premium.

1. Commercial General Liability Insurance. The Contractor shall provide evidence satisfactory to the CO with respect to the services performed that it carries \$1,000,000 per occurrence limits; \$2,000,000 aggregate; Bodily Injury and Property Damage including, but not limited to: premises-operations; broad form property damage; Products and Completed Operations; Personal and Advertising Injury; contractual liability and independent contractors. The policy coverage shall include the District of Columbia as an additional insured, shall be primary and non-contributory with any other insurance maintained by the District of Columbia, and shall contain a waiver of subrogation. The Contractor shall maintain Completed Operations coverage for five (5) years following final acceptance of the work performed under this contract.
2. Automobile Liability Insurance. The Contractor shall provide automobile liability insurance to cover all owned, hired or non-owned motor vehicles used in conjunction with the performance of this contract. The policy shall provide a \$1,000,000 per occurrence combined single limit for bodily injury and property damage.
3. Workers' Compensation Insurance. The Contractor shall provide Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the contract is performed.

Employer's Liability Insurance. The Contractor shall provide employer's liability insurance as follows: \$500,000 per accident for injury; \$500,000 per employee for disease; and \$500,000 for policy disease limit.

- B. DURATION.** The Contractor shall carry all required insurance until all contract work is accepted by the District, and shall carry the required General Liability; any required Professional Liability; and any required Employment Practices Liability insurance for five (5) years following final acceptance of the work performed under this contract.

- C. **LIABILITY.** These are the required minimum insurance requirements established by the District of Columbia. **HOWEVER, THE REQUIRED MINIMUM INSURANCE REQUIREMENTS PROVIDED ABOVE WILL NOT IN ANY WAY LIMIT THE CONTRACTOR'S LIABILITY UNDER THIS CONTRACT.**
- D. **CONTRACTOR'S PROPERTY.** Contractor and subcontractors are solely responsible for any loss or damage to their personal property, including but not limited to tools and equipment, scaffolding and temporary structures, rented machinery, or owned and leased equipment. A waiver of subrogation shall apply in favor of the District of Columbia.
- E. **MEASURE OF PAYMENT.** The District shall not make any separate measure or payment for the cost of insurance and bonds. The Contractor shall include all of the costs of insurance and bonds in the contract price.
- F. **NOTIFICATION.** The Contractor shall immediately provide the CO with written notice in the event that its insurance coverage has or will be substantially changed, canceled or not renewed, and provide an updated certificate of insurance to the CO.
- G. **CERTIFICATES OF INSURANCE.** The Contractor shall submit certificates of insurance 10 business days after award of notice giving evidence of the required coverage as specified in this section prior to commencing work. Evidence of insurance shall be submitted to:

James A. Webb, Jr.
Contracting Officer
Office of Contracting and Procurement
441 4th Street, NW, Suite 700S
Washington, DC 20001
Telephone: 202-724-4019
E-mail address: james.webb@dc.gov

- H. **DISCLOSURE OF INFORMATION.** The Contractor agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Contractor, its agents, employees, servants or subcontractors in the performance of this contract.

Section 39 Access to Records

- 39.1** The Provider shall retain all case records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the human care agreement for a period of five (5) years after termination of the human care agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.

- 39.2 The Provider shall assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, District, or other personnel duly authorized by the Contracting Officer.
- 39.3 Persons duly authorized by the Contracting Officer shall have full access to and the right to examine any of the Provider's human care agreement and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

F.40 Documents Incorporated by Reference and Order of Precedence

A conflict in language shall be resolved by giving precedence to the document in the highest order of priority that contains language addressing the issue in question. The following documents are incorporated into the human care agreement by reference and made a part of the human care agreement in the following order of precedence.

- F.40.1 The Human Care Agreement.
- F.40.2 Government of the District of Columbia Standard Agreement Provisions for use with the District of Columbia Government Supply and Services Contracts dated March 2007 located at www.ocp.dc.gov.
- F.40.3 U.S. Department of Labor Wage Determination No. 2005-2103, Revision 13, dated June 19, 2013.
- F.40.4 Living Wage Fact Sheet.
- F.40.5 The Contractor Qualifications Record completed by the Provider.
- F.40.6 Task Order or Purchase Order

F.41 Attachments

The following attachments are included and incorporated by reference into this Agreement.


1. Human Care Agreement Qualification Record
2. First Source Employment Agreement
3. U.S. Department of Labor Wage Determination No. 2005-2103, Revision 13, dated June 19, 2013
4. *Living Wage Fact Sheet*
5. Living Wage Act of 2006

EXHIBIT 4

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

URGENT

Memorandum

To: Members of the Council
From:  Nyasha Smith, Secretary to the Council
Date: April 17, 2013
Subject: Proposed human care agreement with Boys Town Washington, D.C., Inc.
(CA 20-70)

The attached proposed human care agreement with Boys Town Washington, D.C., Inc. in the amount of \$2,100,000.00 to operate a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population was filed in the Office of the Secretary on April 15, 2013.

The Council's ten day review begins Wednesday, April 17, 2013, including Saturdays, Sundays, Council recess and legal holidays. The proposed contract will be deemed approved on Saturday, April 27, 2013, unless a resolution of approval or disapproval is introduced within the ten day review period, extending the review to 45 days.

INTRODUCED BY: Chairman Mendelson at the request of the Mayor

Retained by the Council with comments from the Committee on Human Services.

Attachment

cc: General Counsel
Budget Director
Legislative Services

FILING SHEET

DATE: _____, 2010

1. SHORT TITLE OF MEASURE OR DOCUMENT

Contract w/ Boyston Washington
#2,100,000

2. NAME/LOCATION ON V DRIVE:
DISK ATTACHED

3. REFERRAL OF PROPOSED LEGISLATION

Retained w/ H8

4. COMMITTEE REPORT

5. EMERGENCY LEGISLATION

Circulated Statement of Reason and Effect of Emergency

Emergency Declaration Resolution

Emergency Legislation

Temporary Legislation

6. CIRCULATED CEREMONIAL RESOLUTION

Should be framed by _____
date

7. REPROGRAMMING REQUEST

8. AMENDMENT(S) Bill No. / PR No.

9. PUBLIC HEARING NOTICE

10. PUBLIC ROUNDTABLE NOTICE

11. PUBLIC OVERSIGHT HEARING NOTICE

12. OTHER CORRESPONDENCE

FILED BY

CHAIRMAN, MEMBER OR COMMITTEE



VINCENT C. GRAY

MAYOR

APR 15 2013

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Suite 504
Washington, DC 20001

Dear Chairman Mendelson:

Pursuant to D.C. Official Code § 1-204.51(b)(2)(A) enclosed for consideration by the Council of the District of Columbia is a proposed human care agreement (DCJZ-2013-H-0001) with Boys Town Washington, D.C., Inc. for an estimated amount of two million, one-hundred thousand and zero cents (\$ 2,100,000.00).

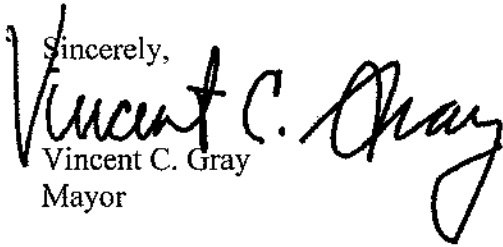
The period of performance for the base year is Date of Award and twelve (12) months thereafter.

The Provider shall operate a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population. The Provider facility shall accommodate youth between the ages of 12 and 21 or a portion of the age range. This facility will provide a safe, highly-structured, stable and secure environment for youth who:

- a. Have been committed to DYRS following disposition by the D.C. Superior Court and are awaiting placement at a long-term facility; or
- b. Are in noncompliance with the terms of their Community Placement Agreement and will require immediate placement at the proposed 24-hour facility for a prompt risk reassessment, intervention, data tracking and sanctions under the Graduated Responses Matrix for noncompliance.

As always, I am available to discuss any questions you may have regarding the proposed human care agreement. In order to facilitate a response to any questions you may have regarding this proposed Agreement, please have your staff contact Jeanne Mirabile, Contracting Officer, at 202-727-5234. I look forward to a favorable consideration of this Agreement.

Sincerely,

A handwritten signature in black ink that reads "Vincent C. Gray". The signature is written in a cursive, flowing style. The first name "Vincent" is written in a larger, more prominent script, followed by "C." and "Gray". The signature is positioned to the right of the typed name and title.

Vincent C. Gray
Mayor

Enclosure
VCG/yh

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Contracting and Procurement



COUNCIL CONTRACT SUMMARY

Pursuant to section 202(c) of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code §2-352.02 (c), the following contract summary is provided:

(A) The proposed contractor, contract amount, unit and method of compensation, contract term, and type of contract:

Proposed Contractor: Boys Town Washington, D.C., Inc.

Human Care Agreement Number: DCJZ-2013-H-0001

Contract Amount: Not to exceed \$2,100,000.00

Unit and Method of Compensation: Fixed unit price of \$ 344.00 per client/per day for Awaiting Placement Services and \$ 37.00 per client/ per day for Educational Services

Term of Human Care Agreement: Date of Award and 12 months thereafter

Type of Agreement: Task Orders issued under a Human Care Agreement (HCA)

(B) The goods or services to be provided, the methods of delivering goods or services, and any significant program changes reflected in the proposed contract:

The Department of Youth and Rehabilitation Services (DYRS) is the single District agency responsible for the delivery of services to youth involved in the juvenile justice system, who have been arrested and/or have been unsuccessful under probation status. Typically, these youth have been identified as having varying degrees of emotional, behavioral, and psycho-social problems. The youth have been court ordered into the temporary custody of DYRS as wards of the District. DYRS serves committed male and female youth between the ages of 12 and 21 or a portion of the age range.

It is the vision of DYRS to provide community based programs, services, supports, and opportunities to help young people turn their lives around, achieve and flourish. This vision is in part achieved through the use of multiple Providers to provide services and operate a

Council Contract Summary

Page 2

hardware-secured, Staff –secured, short-term, 24-hour, facility for up to 25 youth, the awaiting placement population.

The purpose of this action is to obtain approval for the issuance of task orders up to \$2,100,000.00, which will allow OCP to issue task orders up to, but not to exceed this amount. This will allow DYRS to compensate for the increase in the number of youth being served in homes due to the closure of Forest Haven in Laurel, Maryland and the opening of the New Beginning Youth Center facility which is a smaller facility; therefore, there is an increase in the number of youth requiring the services provided by Boys Town Washington, D.C., Inc.

In order to fulfill its mission, DYRS needs as many cost effective placement options as possible for youth placed in the custody and care of the District.

(C) The selection process, including the number of offerors, the evaluation criteria, and the evaluation results, including the price and technical components:

The selection of Boys Town Washington, D.C., Inc. was based on the evaluation criteria contained in 27 DCMR Section 1905.6 “Selection of Human Care Agreement Contractor”.

The District issued a provider’s contractor qualification record (CQR) with seven responses. The CQR contemplated separate awards for hardware-secure or staff-secured HCA.

The selection process included the appointment of a Technical Evaluation Panel (TEP), who along with the Contracting Officer conducted a review of the Provider’s Contractor Qualification Record (CQR). The TEP and Contracting Officer agreed that Boys Town Washington, D.C. Inc. was qualified to provide the required Awaiting Placement services. In addition, the unit price offered by Boys Town Washington, D.C., Inc. was determined fair and reasonable, and the Provider satisfies the responsibility requirements described in 27 DCMR.

The Contracting Officer along with the evaluation panel rated the Offerors as follows:

Offeror	Rating
Boys Town Washington, D.C., Inc.	Qualified – For Hardware-secured
Sasha Bruce Youthwork	Qualified - For Staff-secured
Beyondvision, Inc.	Qualified - For Staff-secured
Seasons Management, LLC	Not Qualified
Alternatives Solutions for Youth	Not Qualified
Mind and Reason Advocacy Group, LLC.	Not Qualified
Quadri-Technology, LTD.	Not Qualified

Boys Town Washington, D.C., Inc. - Qualified to provide Hardware Secure Services, unable to provide Staff Secure Services.

Council Contract Summary
Page 3

Sasha Bruce Youthwork-Qualified to provide Staff Secured Services, unable to provide Hardware Secure Services.

Beyondvision, Inc. - Qualified to provide Staff Secured Services, unable to provide Hardware Secure Services.

(D) The background and qualifications of the proposed contractor, including its organization, financial stability, personnel, and prior performance on contracts with the District government:

Boys Town Washington, D.C., Inc. is adequately licensed under the District of Columbia to provide awaiting placement services. Boys Town Washington, D.C., Inc. has the appropriate licenses, registrations, facility Certificates of Compliance and staff credentials to provide the required services. The Provider has satisfactorily provided similar services for the past five (5) years for DYRS. DYRS has rated their past performance "Satisfactory". According to the company's Financial Statement the Provider has adequate financial resources to perform under their respective human care agreement. The Provider has been determined responsible.

(E) Performance standards and the expected outcome of the proposed contract:

Based on prior very good performance as reported by the District's Department of Youth Rehabilitation Services, it is expected that Boys Town Washington, D.C., Inc. shall provide awaiting placement services to youths between the ages of twelve through twenty-one years old remanded from the District Court System. The Provider renders a broad spectrum of developmentally sound programs and services that are certified and/or licensed to meet the diverse, unique needs of the committed and detained youth and their families. The program participants must meet the standards developed from DYRS' Individual Plans for each youth that enters under the direction of DYRS.

(F) A certification that the proposed contract is within the appropriated budget authority for the agency for the fiscal year and is consistent with the financial plan and budget adopted in accordance with D.C. Official Code §§ 47-392.01 and 47-392.02:

A copy of the Agency Fiscal Officer Funding Certification letter, dated March 5, 2013 is attached under Part 1, Tab E in the amount of \$ 2,100,000.00 to cover the Base Year of the Human Care Agreement. DYRS has certified that this award is consistent with its financial plan and the Budget for FY13 and FY14. (Tab E)

- (G) A certification that the proposed contract is legally sufficient, including whether the proposed contractor has any currently pending legal claims against the District:**

The human care agreement has been reviewed by the Office of the Attorney General and found to be legally sufficient. Boys Town Washington, D.C., Inc. has no pending legal claims against the District (Tab G).

- (H) A certification that the proposed contractor is current with its District and federal taxes or has worked out and is current with a payment schedule approved by the District or federal government:**

According to the District's Department of Employment Services Unemployment Division and the District's Office of Tax and Revenue Boys Town Washington, D.C., Inc. is in compliance with the tax laws. (Tabs C & D).

- (I) The status of the proposed contractor as a certified local, small, or disadvantaged business enterprise as defined in the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; D.C. Official Code § 2-218.01 *et seq.*):**

The provider is not a certified local, small or disadvantaged business enterprise.

- (J) Other aspects of the proposed contract that the Chief Procurement Officer considers significant:**

This Agreement is not a commitment by the District to purchase any quantity of a particular good or service covered under this Human Care Agreement from the Provider. The District shall be obligated only to the extent that authorized purchases are actually made by purchase order or task order pursuant to this Human Care Agreement.

- (K) A statement indicating whether the proposed contractor is currently debarred from providing services or goods to the District or federal government, the dates of the debarment, and the reasons for debarment:**

As of April 2, 2013, the Provider does not appear on the Federal or District Excluded Parties List. Therefore, Boys Town Washington, D.C., Inc. is not currently debarred from providing services to any governmental entity.

- (L) Where the contract, if executed, will be made available online:**

website: http://app.ocp.dc.gov/RU1/information/scf/online_index.asp

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF EMPLOYMENT SERVICES
Office of Unemployment Compensation/Tax Division



ORIGINAL

TAX VERIFICATION RESPONSE - DOES

CONTRACT SPECIALIST: DWIGHT HAYES

AGENCY: OCP

VENDOR NAME: BOYS TOWN WASHINGTON DC INC

D.C.DOES SUI ACCOUNT #: 064137

FEDERAL ID #: 412220810

TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYMENT SERVICES TAX DIVISION
THE DEPARTMENT OF EMPLOYMENT SERVICES CERTIFIES THAT:

☒ The prospective Contractor is "IN COMPLIANCE" with the tax filing and payment requirements of the District of Columbia Unemployment Tax Laws or is in compliance with an established payment plan.

☐ The prospective Contractor is "NOT IN COMPLIANCE" with the tax filing and payment requirements of the District of Columbia Unemployment Tax Laws. The Contractor may obtain details of the tax deficiency and make arrangements to correct this deficiency by contacting the tax enforcement officer whose name and telephone number follow:

Tax Enforcement Officer: Doris Artis

Phone #: (202) 741-8693

Comments

T. Rosa Morales Jacks

SIGNATURE

UI Tax Officer

TITLE

2/19/2013

DATE

(202)-698-3564

TELEPHONE/FAX NUMBER

This response/certification is valid for 90 days from the date specified above.

ATT: Compliance Officer
Office of Unemployment Compensation - Tax Division - 4058 Minnesota Avenue, NE, Washington, DC 20019

For more information, please go to the DOES Web Site at <http://www.does.dc.gov/>

DISTRICT OF COLUMBIA

Office of Tax and Revenue
1101 4th Street SW steW600
Collection Division
Washington, DC 20024



OFFICE OF TAX AND REVENUE
TAX VERIFICATION RESPONSE

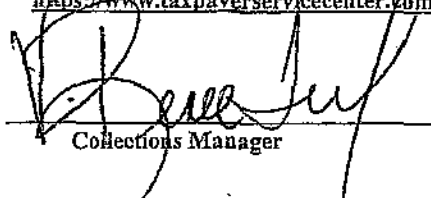
REQUESTOR: DWIGHT HAYES

AGENCY: OCP

VENDOR NAME: BOYS TOWN WASHINGTON, DC FEIN: 41-2220810

TO BE COMPLETED BY THE OFFICE OF TAX & REVENUE

- ☒ The prospective contractor is in compliance with the filing and payment requirements of the District of Columbia tax laws. P O#: DCJZ-2011-H-0031
- ☐ The prospective contractor/individual is not liable for the tax filing requirements of the District of Columbia.
- ☐ The prospective contractor is not in compliance with the tax filing and payment requirements of the District of Columbia Tax Law. The contractor may obtain details of the tax deficiency and make arrangements to correct this by Contacting the Revenue Officer whose signature appears below.
- ☐ The prospective contractor has recently been registered with the District of Columbia and has not incurred any liabilities so far.
- ☐ Our records indicate that the prospective contractor is not registered to do business in the District of Columbia. Please contact the Office of Tax and Revenue, Customer Service Office at (202) 727-4829 to request a form FR-500 (Combined Registration Application) which must be fully completed and submitted to the address indicated on the form Office of Tax and Revenue, PO Box 470 Washington, DC 20044-0470 or register online at: [https://www.taxpayerservicecenter.com/FR500 Instructions.jsp](https://www.taxpayerservicecenter.com/FR500%20Instructions.jsp).


Collections Manager

2/12/2013

Date


Carolyn Powell
Senior Revenue Officer

(202) 442-6588
Telephone Number

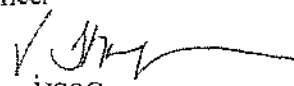
GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER



Human Support Services Cluster

MEMORANDUM

TO: James Staton
Chief Procurement Officer

FROM: Vernessa Thompson 
Cluster Budget Director, HSSC

DATE: March 5, 2013

SUBJECT: Certification of Funding Availability
Awaiting Placement Services

This memorandum certifies that the Department of Youth Rehabilitation Services (DYRS) has \$824,000.00 available in the FY 2013 budget to fund Awaiting Placement services. The total funding requirement of the contract is \$2,100,000.00. The remaining amount of \$1,276,000.00 is subject to appropriation of funds in the FY 2014 budget.

If you have any questions or concerns please contact me on (202) 576-8390.

cc: Regina Youngblood, Chief Operating Officer
Seema Taneja, Administrative Services Manager
Jeanne Mirabile, Contracting Officer

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Attorney General



Procurement Section



MEMORANDUM

TO: Lolita S. Alston
Director
Office of Legislative Support

FROM: Nancy Hapeman
Chief, Procurement Section
Commercial Division

DATE: April 12, 2013

SUBJECT: Certificate of Legal Sufficiency for Awaiting Placement Services
Human Care Agreement No. DCJZ-2013-H-0001
Provider: Boys Town Washington, D.C., Inc.
Not-to-Exceed Amount: \$2,100,000.00.
(PL 390348)

This is to Certify that this Office has reviewed the above-referenced Human Care Agreement and that we have found it to be legally sufficient. If you have any questions in this regard, please do not hesitate to call me at 724-4391.


Nancy Hapeman

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT		1. Contract Number DCFA-2011-C-0235	Page of Pages 1 2.	
2. Amendment/Modification Number M002	3. Effective Date October 1, 2012	4. Requisition/Purchase Request No.	5. Solicitation Caption MPD Police Uniforms and Equipment	
6. Issued by: Office of Contracting and Procurement 441 4 th Street, NW Suite 700 South Washington, DC 20001		7. Administered by (If other than line 6)		
8. Name and Address of Contractor (No. street, city, county, state and zip code) Morgan's Inc. T/A Jimmie Muscatello's 900 Rhode Island Avenue N.E. Washington, DC 20018		9A. Amendment of Solicitation No. 9B. Dated (See Item 11) 10A. Modification of Contract/Order No. DCFA-2011-C-0235 10B. Dated (See Item 13) 5/1/2011		
Code	Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. Accounting and Appropriation Data (If Required) PO210124				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14				
A. This change order is issued pursuant to (Specify Authority): 27 DCMR 3601.2 The changes set forth in Item 14 are made in the contract/order no. in item 10A. B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2. C. This supplemental agreement is entered into pursuant to authority of: X D. Other (Specify type of modification and authority) 27DCMR Section 2008 - Exercise of Option and Section F.2, Option to Extend the Term of the Contract				
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Contract DCFA-2011-C-0235 is hereby modified as described below: 1. In accordance with Section F.2 of the contract, the District exercises the remaining portion of Option Year One for period of performance from October 1, 2012 to April 30, 2013 in the total estimated amount is \$1,169,733.12. 2. Total estimated option year one contract values from contract modifications M001 is \$835,523.65 and M002 is \$1,169,733.12; bringing the total amount to \$2,005,256.77. 3. The unit prices for the extension are provided in Section B.4.3 Option Year One.				
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.				
15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer Shafiq R. Choudhary CPM, CPPB		
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia		16C. Date Signed 9/21/2012
(Signature of person authorized to sign)		(Signature of Contracting Officer)		

EXHIBIT 5

You are currently viewing the printable version of this article, to return to the normal page, please [click here](#).

DYRS to spend \$1.6M to house youths in Fairfax

Facilities in District at capacity

By [Andrea Noble](#) - *The Washington Times* - Sunday, March 15, 2015

The District has contracted with a Virginia detention center to house some juveniles awaiting placement through the Department of Youth Rehabilitation Services in order to avoid overcrowding at a city-run facility.

Under a \$1.6 million contract — at a cost of at least \$380 per person, per day — the District will house as many as 11 juveniles at the Fairfax County Juvenile Detention Center to "lessen the burden" at the District's Youth Services Center, according to department officials and contract documents.

The city faced scrutiny in the past for overcrowding at the short-term juvenile detention center — with more than 150 juveniles at times housed at a facility that is designed to hold only 88 youth.

Fairfax was slated to begin accepting D.C. youth at the end of February, but the Department of Youth Rehabilitation Services, or DYRS, has yet to send any juveniles to the facility, according to spokesman Adam Aljoburi. The District to date has not spent any money on the initiative.

Youth advocates say the arrangement is not ideal because it would place juveniles outside the District, potentially making it more difficult for family members to visit them.

But the situation is better than overcrowding the Youth Services Center in Northeast, a secure residential facility for boys and girls in the system, said Daniel Okonkwo, executive director of D.C. Lawyers for Youth.

"I think DYRS is making lemonade here because they are saying 'We have to have someplace to put children,'" Mr. Okonkwo said.

The Youth Services Center serves as a residential facility for youths in various stages of the juvenile justice system, from those arrested during overnight hours to those detained while awaiting the outcome of a court case, to others who may be awaiting placement in a shelter home.

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As a result, overcrowding at the facility has proven particularly difficult for DYRS to manage because factors outside the agency's control — such as judicial decisions or arrests — play a large roll in the day-to-day population.

The number of juveniles committed as wards of the city has dropped in recent years, from more than 900 juveniles in fiscal 2013 to the 459 juveniles that DYRS reported being under agency supervision in fiscal 2015.

But as youth come and go through the system, possibly to group homes, back to their families, or to other secure detention facilities — either the District-run New Beginnings or an out-of-state facility — only a portion can be accommodated at the Youth Service Center.

The facility is designed to hold only 88 youths — some of whom are ordered to remain at the facility by the court.

The most recent daily population report from DYRS shows that 75 juveniles were housed at the Youth Services Center on Feb. 16. But for the entire month of November, the population hovered at or above 95 juveniles — peaking at 129 youth on Nov. 16 after 15 youths were admitted following overnight arrests.

As officials note, the facility population can quickly fluctuate, as can the need for extra beds.

"Spikes can and may happen within hours and a need to house youth to accommodate these increases is necessary and must happen as expeditiously as possible," states the summary of the Fairfax contract that was submitted to the D.C. Council for approval in December.

When the city does begin placing youth at the Fairfax site, it will pay a flat rate of \$4,180 daily for the 11 beds and staffing, regardless of how many youth are placed there. An additional \$109-per-day fee will be assessed for education costs only if a youth is placed at the juvenile detention center, Mr. Aljoburi said.

Under the agreement, only those youth who are awaiting placement at another secure facility will be sent to the Virginia site.

The average length of time a juvenile awaits placement in the DYRS system is currently 26 days, according to Mr. Aljoburi. Officials don't expect any juveniles to be housed at the Fairfax facility beyond 30 days.

DYRS previously contracted with Boys Town Washington, D.C. to reserve 25 beds to alleviate overcrowding at a daily cost of \$344 per youth, a 2013 contract shows.

DYRS spokeswoman Brenda Padavil said the agency stopped sending youth who were awaiting placement there because "Boys Town could not meet the hardware secure regulations."

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The \$1.6 million contract with Fairfax runs through September but it is unclear how long the partnership between Fairfax and the District will continue.

Mr. Aljoburi said it is not possible to expand capacity at the Youth Service Center building because of its design, so it will not increase the 88-person capacity there. He said the District is currently exploring other options for housing youths awaiting placement, and said the agency would revisit the contract with Fairfax at a later date.

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EXHIBIT 6

CHAPTER 531 PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY SERVICES

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BACKGROUND

This policy describes West Virginia Title XIX Medicaid's coverage for Psychiatric Residential Treatment Facilities (PRTF) and any service, procedure, or situation not discussed in this policy must be presumed not covered. Providers of PRTFs are required to provide services as they are outlined in this policy. Each agency is subject to monitoring and evaluation by all appropriate State entities and is bound to all requirements outlined in this policy. This policy does not address all the complexities of Medicaid policies and Procedures, and must be supplemented with all State and Federal laws and regulations.

A PRTF is defined as a separate, stand-alone entity or a distinct part of an acute care general psychiatric hospital which holds licensure in West Virginia as a behavioral health agency pursuant to West Virginia code [§27-9-1](#) or [§27-2A-1](#) and licensed as a child care agency pursuant to [West Virginia Code §49-2-113](#), [§49-2-114](#), and [49-2-115](#).

PRTF's located outside the State of West Virginia must meet all licensing requirements for PRTFs in the state where the facility is located and be certified to serve Title XIX recipients in that state as a PRTF. West Virginia is not in a position to interpret other state's descriptive designations to confirm that they do in fact comply with the PRTF designation. Therefore, if a state does not offer a PRTF designation on a license, facilities will be required to provide documentation from their state's licensing agency, signed and dated by the director of the state licensing agency, on official states' letterhead, that the facility meets all criteria for psychiatric residential treatment facility service provision as indicated in 42 CFR and is approved to serve Title XIX recipients in that state as a PRTF or evidence of certification as a PRTF provider from another jurisdiction. PRTFs must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Council on Accreditation of Services for Families and Children, or the Commission on Accreditation of Rehabilitation Facilities, or any other accrediting body with comparable standards that are recognized by the State licensing agency. When different accreditation, certification or licensing standards exist, between West Virginia and the state where the facility exists, the more stringent standard must be followed, for West Virginia Medicaid members ([West Virginia CSR §78-3-22.2. Accreditation Requirements](#)).

The purpose of a PRTF is to provide full-time psychiatric treatment for children under age twenty-one (21) with mental/emotional/behavioral problems who do not require emergency or acute psychiatric care but whose symptoms are severe enough to require supervision/intervention on a twenty-four (24) hour basis. Inpatient psychiatric services for beneficiaries under age twenty-one (21) must be provided before the beneficiary reaches age twenty-one (21) or, if the beneficiary was receiving the services immediately before he/she reached age twenty-one (21), before the earlier of the following: the date he/she no longer requires the services or the date he/she reaches age twenty-two (22). ([42 CFR §441.151](#)). The goal of PRTF treatment is to help the child reach a level of functioning where less restrictive treatment will be possible. ([42 CFR §441.152\(a\)\(3\)](#)).

PRTF care is the most restrictive type of care for children. A secure facility is used for treatment of children who have been clearly diagnosed as having a psychiatric, emotional, or behavioral disorder that is so severe the child is a danger to himself or others. All services must be delivered under the direction and orders of a physician and psychiatrist. Educational services for the child must be provided on the grounds of the facility. The ultimate goal of the PRTF services is to promote a successful return of the child or adolescent into the community.

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PRTFs are limited in size to 30 beds within the state of West Virginia according to the West Virginia State Plan. PRTFs providing services to children out of state are limited to the number of beds prescribed by that state's plan or licensure.

POLICY

531.1 PROVIDER PARTICIPATION REQUIREMENTS

To be certified as a PRTF, the facility must attest to meeting the Conditions of Participation (CoP) found in [42 CFR Subpart A, Definitions §440.160](#), 42 CFR Subpart D-Inpatient Psychiatric Services for individuals under age 21 in Psychiatric Facilities or Programs, Sections [§441.150 - §441.182](#), Subpart G, Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21, [42 CFR Subpart G, §483.350 - §483.376](#).

Each PRTF that provides inpatient psychiatric services to individuals under age 21 must attest, in writing that the facility is in compliance with CMS' standards governing the use of restraint and seclusion. This attestation must be signed by the Facility Director. A facility with a current provider agreement with West Virginia Medicaid must provide that attestation to BMS at the time of enrollment and yearly by July 21, or upon a change in the Facility Director. ([42 CFR §483.374](#)).

Providers of PRTF services will receive a reminder to submit the attestation letter to BMS' fiscal agent 90 days prior to July 21 each year. Facilities failing to submit the attestation letter will be considered in non-compliance and will be subject to withholding payment until the facility is in compliance.

In order to participate in the West Virginia Medicaid program for reimbursement of covered services provided to West Virginia Medicaid members, PRTF services must be approved through BMS' fiscal agent contract enrollment process **prior** to billing for any services. [Chapter 300, Provider Participation Requirements](#) presents an overview of the minimum requirements that health care providers must meet to enroll in and be reimbursed by the West Virginia Medicaid Program.

All providers are required to meet eligibility requirements. In addition to the licensing and certification requirements, all PRTF's must maintain good standing with the West Virginia Bureau for Medical Services, the West Virginia Bureau for Children and Families (BCF), and the West Virginia Department of Education, (DOE) in order to continue to participate as a West Virginia Medicaid provider. The Bureau for Medical Services requires that all educational instruction for West Virginia Medicaid members meet West Virginia standards, unless the standards are higher in the state where the PRTF is located. West Virginia is the final arbitrator of whether the treatment services or educational standards are sufficient for West Virginia Medicaid members. Failure to remain in good standing with the BCF and/or DOE resulting in admission restrictions by BCF will result in admission restrictions by the Bureau for Medical Services. If the state agency licensing the facility places admission restrictions on the PRTF facility as a result of a negative review of services, the West Virginia Bureau for Medical Services will place admission restrictions on the facility until the negative action is corrected and BCF/BMS is notified by the licensing agency that the admission restrictions have been lifted.

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All providers are required to sign/date a West Virginia Medicaid Provider Agreement. Additionally an agreement specific to psychiatric residential treatment services must be signed/dated by the Administrator. This agreement may be renewed at BMS' discretion and is subject to the terms and conditions contained therein and all applicable state and federal law and regulations.

The goal for WVDHHR is for all children to be served within the state. Out-of-state facility applications for enrollment with West Virginia Medicaid will be considered **ONLY** if a child in DHHR custody requires this level of service and the service is not available to meet the child's needs in West Virginia.

531.1.1 Physical Environment/Equipment

The facility must be housed, equipped, and maintained in a manner that is suited to the program of services being provided and that reflects the facility's positive regard for its members. The physical environment must be consistent with contemporary, accepted concepts of service and care and is one that enhances individual dignity and feelings of self-worth for the members served.

Bedrooms must be adequately furnished and provide a minimum of 80 square feet of floor space per person for one person occupancy and a minimum of 60 square feet of floor space per person for two or more person occupancy. Each member of a facility shall be provided a permanent, separate bed with a clean, comfortable, covered mattress, clean bedding, clean towels, and other furnishings appropriate to the length of stay and needs of the member. Each bedroom window must have covering for privacy. Furnishings shall be homelike and personalized.

The facility must allocate sufficient space and safe and varied equipment for outdoor play to meet the member's recreational needs.

Offices or rooms must be available and accommodating to personnel to engage in interviewing or counseling families and children in a private and confidential manner.

The West Virginia DHHR through BCF, BMS, and the West Virginia DOE through the Office of Institutional Education Programs (OIEP) and the Office of Special Programs (OSP) have engaged in a collaborative effort to evaluate and monitor the quality of services provided by all PRTFs on an annual basis. This is to ensure children are in a safe environment and are provided behavioral health treatment and educational services commensurate with acceptable standards as set forth by West Virginia DHHR and the West Virginia DOE.

531.1.2 Non-Discrimination

The facility must assure that no person shall be excluded from participation, denied benefits, or otherwise subjected to discrimination in the performance of the services or in employment practices on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, West Virginia State Constitutional, or statutory law.

- Written facility policy must assure that the need for the facility's services are the primary criterion of eligibility and its services are offered without discrimination.

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- The facility must have a written equal opportunity policy that clearly states its practices in recruitment, employment, transfer, and promotion of employees.
- The facility must actively recruit, employ, and promote qualified personnel broadly representative of the community it serves and administer its personnel practices without discrimination based upon age, sex, race, ethnicity, nationality, disability, or religion of the individual under consideration.
- The facility provides for internal and external dissemination of its equal opportunity policy and recruitment materials that specify the nondiscriminatory nature of the facility's employment practices.
- If the facility recruits and selects with regard to specific characteristics, it does so with the needs of the facility's defined clientele in mind and in accord with exemptions in the law(s) governing equal opportunity employment.
- The facility shall show proof of nondiscrimination and post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- The facility is free of those architectural barriers that restrict the employment of or use by personnel with disabilities. Likewise, the facility is free of architectural barriers that restrict use by the aged, families with young children, and persons with disabilities and/or makes provision for use of accessible facilities in order to provide services to persons with disabilities.

A copy of the Resident's Rights and Responsibilities is visibly displayed in the facility. At time of admission the West Virginia Medicaid member and the parent/guardian must be provided with a clearly written and readable statement of rights and responsibilities. The statement must be read to the resident or parent/guardian if either cannot read.

531.1.3 Staffing Requirements

PRTF's participating in the West Virginia Medicaid program are required to have the following staff:

1. **Facility Director:** The governing body of the PRTF must appoint a Facility Director to be responsible for the overall management of the facility. The Facility Director must have appropriate academic credentials and administrative experience in child/adolescent psychiatric treatment. The Facility Director is responsible for the fiscal and administrative support of the facility's clinical program.
2. **Medical Director:** The facility must appoint a medical director to be responsible for coordinating medical services and directing member treatment. The medical director must be a board eligible or board-certified psychiatrist (experienced in child/adolescent psychiatry) or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry.
3. **Clinical Director:** The facility must appoint a full-time director to be responsible for coordinating clinical services and implementing patient treatment. The clinical director must be a board eligible or board-certified psychiatrist (experienced in child/adolescent psychiatry), a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry, a licensed psychologist who is experienced in child/adolescent mental health treatment, a psychiatric mental health nurse practitioner (PMHNP)/advanced practice registered nurse (APRN) who is experienced in child/adolescent mental health treatment, or a Licensed Professional Counselor (LPC), a Marriage and Family Therapist (MFT) or a licensed certified social worker who is experienced in child/adolescent mental health treatment. A board eligible or board-certified

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psychiatrist with experience in child/adolescent psychiatry (or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry) may serve as both medical director and clinical director provided that he/she is a full-time employee.

4. **Professional staff:** The facility must employ sufficient full-time professional staff to provide clinical assessments, therapeutic interventions, ongoing program evaluations, and adequate residential supervision 24 hours a day, seven days a week. Professional staff must be appropriately licensed, trained, and experienced in providing mental health and residential treatment.

The mental health treatment team must include at a minimum the following:

- A Board-eligible or Board-certified Psychiatrist (experienced in child/adolescent psychiatry);
- A Licensed Psychologist; (as indicated by needs of child);
- A Registered Nurse(s);
- A Psychiatric social worker(s), LPC;
- A Certified Teacher(s);
- A Recreation Specialist; and,
- An Occupational/Physical/Speech Therapist (as indicated by needs of child).

The PRTF must notify BMS of changes in the facility director, medical director or clinical director. The Director of Facility Based & Residential Care at BMS must receive notification via the signed/dated Attestation Letter from the facility, in writing within 72 hours of the effective change.

Attestation Letters must be mailed to BMS, Attention: Office Director, for Facility Based and Residential Care.

**West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301**

The staffing ratio for a PRTF shall be one staff to three members (1:3) during day and evening hours (one staff whose primary responsibility is providing direct care for every three children) and (1:6) during sleep hours with the capability to increase staff ratio in response to acuity, extending to the provision of one-on-one (1:1) care when necessary. ([78 CSR §3.22.3 Employee Ratios](#)) Staff assigned to work a defined unit and providing care to the children on that unit including nursing, teachers, and activity's therapists can be included in the staff to client ratio. Staff assigned to supervisory duties or whose duties cause them to be away from the unit (nursing supervisor) cannot be included in the count.

531.1.4 Fingerprint-Based Background Check

[West Virginia Code, Chapter 49 \(Child Welfare\), Article 2 Section 113](#) requires a criminal background check of personnel criminal records for licensed, certified and registered child welfare agencies. The Adoption and Safe Families Act requires criminal background checks on all individuals and agency staff providing care for foster children.

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A thorough Fingerprint-Based Background Check and review by a Federal Registry is required with results of an on-line preliminary check available for review **PRIOR** to employment of any individual (including volunteers) who will be working in a facility providing treatment or care for **all** West Virginia Medicaid members (custodial and non-custodial). The on-line preliminary results may be used for a period of three months (90 days) while awaiting the final results of fingerprinting. During that time period the individual may **not** work unsupervised. Results of the Fingerprint-Based Background check must be documented in the personnel file **within three months (90 days)** of hiring the employee. (Refer to requirements listed below regarding exclusions/sex offender registries lists which must be completed with a negative result prior to hiring or allowing to volunteer.) An applicant must complete a Statement of Criminal Record every two years after the initial submission to the respective agency or department. A subsequent Fingerprint-Based Background Check must be completed at least every five years, but may be submitted at any point if there is an indication that the Fingerprint-Based Background Check information may have changed.

The applicant shall not be approved, employed, utilized, nor considered for employment if ever convicted of:

- Abduction;
- Any violent felony crime including but not limited to rape, sexual assault, homicide, malicious wounding, unlawful wounding, felonious domestic assault or battery;
- Child/adult abuse or neglect;
- Crimes which involve the exploitation of a child or an incapacitated adult;
- Misdemeanor domestic battery or domestic assault;
- Felony arson;
- Felony or misdemeanor crime against a child or incapacitated adult which causes harm;
- Felony drug related offenses within the last 10 years;
- Felony Driving Under the Influence (DUI) within the last 10 years;
- Hate crimes;
- Kidnapping;
- Murder/homicide;
- Neglect or abuse by a caregiver;
- Pornography crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexually explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct;
- Purchase or sale of a child;
- Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure;
- Health care fraud; and
- Felony forgery.

The applicant shall not be approved or employed if on parole or probation for a felony conviction.

It is the responsibility of the employer to check the list of excluded individuals/entities (LEIE) monthly at:

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- (LEIE) at: <http://exclusions.oig.hhs.gov/>;
- (Formerly EPLS) <https://www.sam.gov/>;

The following web addresses are provided to assist the governing body or designee to check applicants against the sex offender registries for West Virginia and the National sex offender registry, on a monthly basis. Results of this check must be present in the employee/volunteer personnel file and available for review upon request:

- West Virginia's state police offender registry is at <http://www.wvsp.gov>
- National sex offender registry is at <http://www.nsopw.gov/>

531.1.5 Staff Training

A PRTF that contracts with DHHR ensures that qualified personnel meet or exceed the requirements for pre-service and in-services trainings with respect to facility objectives, policies, services, community resources, DHHR policies, and best practice standards. See [78 CSR 3-11](#) for training and Supervision of Employees.

The facility is required to document evidence of the participation/completion of all employee training and retain in each personnel record the required new worker orientation and annual in-service training, as well as any in-service training provided by the facility during the year. Facilities will provide proof by individual employee records that training requirements are fulfilled. Review of those records will occur during monitoring both by the UMC retrospective reviews and the Certification Review Process as well as review by the Office of Program Integrity (OPI). Personnel records must reflect the date of training, number of training hours, and the signature of the participant.

In addition, the facility will keep a log/calendar of ongoing training that includes the title of the training, the type of training (video/lecture/lab), dates of training, location of training, sign-in sheets, subject matter, name, phone number, credentials of the instructor and any reviews by employees.

All training is to be provided by licensed or certified professional staff, or an agency qualified trainer. Video, audio, and on-line or web based trainings are restricted to no more than 50% annually for each employee. Training which includes live lecture must also contain demonstration and the active participation of employees. Training attendees are expected to attend training for the entire session. The log on training is to be kept by the facility for a period of five years.

531.1.6 Direct Care Staff, Case Manager, and All Clinical Staff

All direct care staff shall have a minimum of a high school diploma or GED and professional staff shall have appropriate education and certification consistent with professional licensing standards. ([78 CSR §3-22.4.a](#), Employee Training and Credentials).

Personnel development is an ongoing, integral, and identifiable part of the facility's program of services, and the facility has specific guidelines as to the time commitment expected of personnel in various positions. Pre-Service Training including all of the following that demonstrates training sessions last at a

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minimum eight and one-half hours excluding first aid and CPR training which are prescriptive in nature with specific training criteria.

The following pre-service training is required:

All personnel are required to have pre-service and annual in-service trainings in the following topics.

- All appropriate/applicable facility policies,
- Conflict resolution,
- Member rights,
- Managing behavior,
- Psychiatric emergencies,
- First aid (All staff having direct contact with West Virginia members must receive training in first aid.),
- CPR (facility staff member must be immediately available who has been trained in CPR.),
- Incident reporting/completion/follow up,
- Recognition of substance abuse,
- Elopement procedure/reporting
- Child abuse prevention/reporting,
- Suicide prevention,
- HIPAA/Confidentiality
- Emergency/Disaster Preparedness,
- Infection Control,
- Sexual harassment including prevention,
- Cultural awareness,
- De-escalation procedures.

All training sessions must include both lecture and active participation (return demonstration) activities for the staff.

All policy on de-escalation, restraint, seclusion, CPR certification, and requirements must be readily available to all staff 24 hours a day, seven days a week. The facility shall post in a centralized location the name of at least one person who is on-duty with proper CPR certification for the use of all staff at all times West Virginia Medicaid members are in the facility. Evidence of current certification in CPR must be maintained and available upon request.

All staff utilizing or monitoring restraints must do so as required under federal regulations. Such staff shall be CPR certified and fully trained and certified in nationally recognized physical restraint methods. Facility policy regarding Restrain/Seclusion must be readily available to all staff 24 hours a day, seven days a week.)

(See also [Section 531.9 and its subparts on Specialized Procedures/Seclusion/Restraint](#)).

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531.1.7 Confidentiality

Strict standards of confidentiality of medical records and information must be maintained in accordance with applicable state and federal law. The facility must have written policies and procedures governing access to, use of, and release of all information about its members, and assures that such policies meet any applicable legal requirements. Written policies must be approved by the governing board and must specify the responsibility of all personnel for maintaining confidentiality of information contained in member and personnel records.

A release of information form must be obtained and approved prior to sharing information in any situation other than those described here. Access to medical records is limited to the member, the parent or legal guardian (when the West Virginia member is a minor), authorized facility personnel, and others outside the facility whose request for information access is permitted by law and is covered by assurances of confidentiality and whose access is necessary for administration of the facility and/or services and reimbursement.

A West Virginia member may review their medical record in the presence of professional personnel of the facility and on the facility premises. Such review is carried out in a manner that protects the confidentiality of other family members and other individuals whose contacts may be contained in the record. Access to medical records is limited and should be available on a medical need to know basis and as permitted under federal and state law and any relevant court rulings.

Pictures of West Virginia Medicaid members are to be used for identification purposes only (contained in the member medical record and medication administration record). Usage for any other purposes, including public displays or for promotional materials, are prohibited.

All West Virginia Medicaid member information is kept locked in a secure place.

531.1.8 HIPAA Regulation

Providers must comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all corresponding federal regulations and rules. The enrolled provider will provide upon request of BMS, timely evidence and documentation that they are in compliance with HIPAA. The form of the evidence and documentation to be produced is at the sole discretion of BMS.

Additional information on HIPAA may be found in [Chapter 300, Provider Participation Requirements](#).

531.1.9 Emergency/Disaster Preparedness Procedures

The facility's governing body/designee must establish written procedures for personnel to follow in an emergency/disaster. Evacuation of a facility may become necessary in the event of an emergency/disaster (e.g., fire, smoke, bomb threat, explosion, prolonged power failure, structural damage, water loss or sewer loss, tornado, flood, earthquake, chemical leak, chemical spill, or elopement. This is not an all-inclusive list of emergency/disasters). The facility's emergency/disaster care procedures must include at a minimum:

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- Care of the child;
- Notification of the attending physician/psychiatrist, EMS, law enforcement, parent/guardian and other persons responsible for the West Virginia Medicaid member;
- Arrangements for transportation;
- Arrangements for hospitalization;
- Arrangements for other appropriate services;
- Arrangements for emergency physician/psychiatrist services and;
- An elopement plan and;
- An evacuation plan.

The facility's governing body/designee must ensure staff rehearses, at a minimum annually, the facility's emergency/disaster plans. Fire drills must be conducted as required by the state where the facility is located.

531.1.10 Infection Control

The facility must have in place policy and procedures approved by the governing board that address:

- a. Infection control policies and practices (e.g. **hand washing**, glove use, isolation procedures, and outbreak precautions).
- b. The potential for the spread of infection in bathrooms, bedding, food preparation areas, prevention of the spread of preventative infection control practices including; infectious diseases including antibiotic resistant strains of bacteria, Carbapenem Resistant Klebsilla Pneumoniae (CRPK), Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE), Clostridium Difficile (C Diff), eye infections, skin rashes (especially if spreading, undiagnosed, and/or not responding to treatment), respiratory infections, gastroenteritis including diarrhea, nosocomial infection, etc.
- c. Locked storage of cleaning supplies and hazardous materials, including medication in a safe locked location, with all controlled medications under double locks.
- d. Maintenance of a hazard-free environment in facilities through a daily log of all refrigerator temperatures and water temperatures, covering electric outlets, securing floor covering or equipment, and reviewing the adequacy of lighting and ventilation.
- e. Policies and Procedures for the use of personal protective equipment (PPE).
- f. Policies and Procedures concerning the cleaning of blood spills, Biohazards.
- g. Policies and Procedures to cover safety measures when physical injuries occur.

531.1.11 Parental Involvement

Services are provided to children in order to meet their permanency needs. Each child served is prepared for a placement outside the home and:

- helped with conflicts about the placement and separation from family members;
- encouraged to maintain contact with the biological family and provided with support in making such arrangements, unless specifically contraindicated because of the child's safety;

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- provided information about parents activities and progress toward the goal of returning home, unless the home is not a possibility;
- provided with assistance in maintaining the relationship with siblings through visits and shared activities; and
- prepared for the return home, adoption, or for placement in a stable, nurturing environment that is to be permanent, and when this is not possible;
- prepared for independent living and helped to identify a significant adult with whom a relationship can be maintained.

Permanency is the primary goal for discharge. As permitted under the law and as appropriate for the child's safety and well-being, the facility shall make efforts to engage the parents in continuing contact with their child and implementing the plans for permanency for the child. Such contact shall include participation in developing case plans, updating the parents on progress and inviting the parents to all case conferences.

When in the best interests of the child, the facility designs and implements service in a manner that supports and strengthens family relationships and empowers and enables parents and family members to assume their roles. A written plan of family involvement, when appropriate, shall be developed at intake and updated no less than quarterly. The plan of family involvement will address but not be limited to the following issues:

- visitation guidelines and/or restrictions;
- facility responsibility for working with the family;
- the state agency's (BCF) responsibilities for working with the family;
- any other appropriate issues.

The facility must provide coordination of social services to children, adults, and families as needed. The goals of such services may include family reunification, to stabilize family ties, or to obtain a permanent family for a child receiving services in the PRTF.

Services must be provided to help the child's parents maintain and enhance parental functioning, parental care, maintenance of parent-child relationships, or when in the best interest of the child termination of parental rights.

531.1.12 Incident/Accident Reporting and Policy

PRTF's are required to maintain a written Incident/Accident Reporting Policy in a centralized location for easy access to all staff personnel. The written policy must be approved by the governing body of the facility.

The facility accepting/admitting West Virginia Medicaid members for care must ensure that they are cared for in an environment which meets high standards of safety and maintenance and that special precautions are taken that no harm or injury to the member occurs. The facility promptly reports to appropriate state and/or legal authorities any serious accident, emergency, or dangerous situation, including immediate verbal reporting of instances of child abuse, and reports to parents or legal guardians any of the above which affect their child or the child for which they are responsible. The PRTF must **verbally** report to the parent/legal guardian any accident or incident involving a child which results in

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injury within 24 hours of the facility's knowledge of the accident or incident. The PRTF must **verbally** report suspected abuse or neglect of a child to the parent/guardian and the appropriate authorities in the state where the facility is located within 24 hours of the facility's knowledge of its occurrence with a detailed written report within five days. The PRTF must **verbally** report the findings of abuse and neglect investigations conducted by the state where the facility is located within 24 hours of completion of the investigation, with a detailed written report within five days.

Incident/Accident reports will be forwarded the following business day to BMS, Attention: Office Director, for Facility Based and Residential Care. Reports must be mailed to:

**West Virginia Department of Health and Human Resources
Bureau for Medical Services
Office Director, Facility Based & Residential Care
350 Capitol Street, Room 251
Charleston, West Virginia 25301**

Serious injury of a West Virginia Medicaid member is defined as any significant impairment of the physical condition of the member as determined by qualified medical personnel. This includes, but is not limited to:

- Burns, lacerations, substantial hematoma requiring medical intervention by a licensed physician.
- Bone fractures
- Injuries to internal organs, whether self-inflicted or inflicted by someone else
- Suicide attempt
- Elopement (See also [Section 531.6.2, Elopements/Run Away](#))
- Any allegations of sexual contact (member/member, member/staff)
- Any allegation of abuse and/or neglect
- Any injury of a member while in seclusion or restraint (See also [Section 531.9 and its subparts on Specialized Procedures/Seclusion/Restraint](#))
- Medication errors requiring medical intervention by a licensed physician.

A death of ANY member or a serious incident involving harm to ANY member, regardless of whether they are a West Virginia Medicaid member or not, must be reported as follows:

- Immediately upon death (within eight hours) a phone call must be made to BMS at (304) 558-1700. If the death is that of a West Virginia Medicaid member, staff must identify the name of the member and a narrative description of the incident. If the death is not a West Virginia Medicaid member, the caller must provide sufficient details that will permit review of the incident.
- Within 24 hours, facility staff must fax a written report to BMS at (304) 558-1542.
- Immediately notify local law enforcement of the incident.

Reports may be faxed to the Bureau for Medical Services at (304) 558-1542, Attention: Director, Office of Facility Based and Residential Care.

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531.1.13 Quality Assurance/Utilization Review

The facility must have an ongoing quality assurance program in which each service of the facility and service to individual members is reviewed quarterly and monitored in order to promote the highest quality service, to resolve problems that are identified, and to assure that services meet the facility's expectations as to outcome.

The overall scope of the quality assurance program is described in a written plan that describes mechanisms, committees, or other methods used to coordinate the facility's approach to monitoring and evaluating the quality and appropriateness of service.

The facility must set goals and objectives for the benefits or outcomes to be achieved by members who use the facility services, and on a regular basis the facility conducts member satisfaction surveys or utilizes other methods of determining the outcome of its services, including the reasons for termination of members who drop out of service, to the extent this can be ascertained.

The facility must monitor the quality of care and review the appropriateness of service at least quarterly.

The facility must have a utilization review or other quality assurance mechanisms that ensures that the cases of all members are formally reviewed on a quarterly basis.

The facility must participate in utilization reviews at least every 30 days. Utilization reviews are to include the Bureau's Utilization Management Contractor (UMC) representatives to evaluate the necessity, appropriateness, quality, and intensity of individual member services to facilitate permanency and less restrictive service delivery as soon as possible. The utilization review focuses on appropriateness and effectiveness of member services, and reduction of length of stay in out-of-home care. Documented, measurable criteria are utilized in the review process, extended treatment or service, changes in status or level of need presented by the member, and/or other criteria developed by the facility. Retrospective review of prior authorization requests and relevant clinical information will be conducted on and off site by the UMC. Requested information will be provided for reviews.

The facility cooperates with authorized external review systems (including the Bureau's Utilization Management Contractor (UMC), the Bureau for Children and Families (BCF), and the West Virginia Department of Education (DOE)), and, where applicable and where possible, organizes its internal review schedules to complement those conducted by external review systems.

531.1.14 Out-of-State Certification/Review Process

[West Virginia Code 49-2-125](#) establishes the Commission to Study Residential Placement of Children. The Commission has been actively involved in carrying out their responsibilities since 2005. The Commission was to study and provide recommendations regarding:

- Current practices of placing children out-of-home and into residential placements, with special emphasis on out-of-state placements and,
- ways to certify out-of-state providers to ensure that children receive high quality services consistent with this state's (West Virginia) standards of licensure and rules of operation.

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As a result of their work, recommendations currently being implemented include:

- Requirements that out-of-state placements be made **only** to providers meeting West Virginia standards of licensure, certifications, and expected rules of operation.
- Requirements that ensure education standards are in place and students are fully receiving the appropriate education services in all out-of-state facilities where West Virginia children are placed.

The West Virginia DHHR through BCF, BMS, and the West Virginia DOE through the Office of Institutional Education Programs (OIEP) and the Office of Special Programs (OSP) have engaged in a collaborative effort to evaluate and monitor the quality of services provided by out-of-state facilities. This is to ensure children are in a safe environment and are provided behavioral health treatment and educational services commensurate with acceptable standards as set forth by West Virginia DHHR and the West Virginia DOE.

The Team representing West Virginia DHHR and West Virginia DOE will conduct on-site reviews of facilities out-of-state that are providing services for West Virginia children. Focus will be on **all** West Virginia Medicaid members. West Virginia's ultimate goal is to solicit services from only facilities having demonstrated success in promoting positive growth and expected outcomes for children as defined within the West Virginia Out-of-State Facilities Standards.

When BMS has identified unnecessary and inappropriate practices through monitoring or other reviews, it may pursue one or more of the following:

- Recoupment of inappropriately paid monies;
- Requirement of a satisfactory written plan of correction;
- Limited participation in the plan that may include:
 - Prior authorization for all services;
 - Prepayment review of all applicable claims;
 - Suspension of payment until a plan of correction is filed and accepted;
 - Suspension of Medicaid admissions in the case of outpatient or inpatient facilities;
 - Ban on approving admissions for inpatient services.

When deficiencies are identified within the facility that constitute an immediate danger of serious harm to the child/children served by the facility, immediate action will be taken to remove the child/children from harm. That state's surveying agency will be notified immediately of the identified deficiencies.

In those instances BMS may pursue exclusion from participation in the West Virginia Medicaid Program through the following actions:

- Suspension;
- Disenrollment;
- Denial, non-renewal, or termination of provider agreements.

Refer to [Chapter 100. General Administration and Information](#) for details regarding compliance issues.

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531.1.15 Corrective Action Plans

Within ten working days after receipt of the request for a plan of correction, the organization shall submit to the Secretary for approval a written plan to correct all areas of non-compliance that are in violation of this rule, unless a variance is requested by the organization and granted by the Secretary. The plan shall specify:

- Any action taken or procedures proposed to correct the areas of non-compliance and prevent their reoccurrence;
- The date or projected date of completion of each action taken or to be taken; and
- The signature of the chief executive officer or his or her designee.
- The Secretary shall approve, modify or reject the proposed Corrective Action Plan in writing. The organization may make modifications in conjunction with the Secretary.
- The Secretary shall state the reasons for rejection or modification of any Corrective Action Plan.
- The organization shall submit a revised Corrective Action Plan within ten working days whenever the Secretary rejects a Corrective Action Plan.
- The organization shall immediately correct an area of non-compliance that risks the health or safety of child or other persons.
- The Secretary may determine if corrections have been made.

Once a plan of correction has been accepted by the state educational institution, certification institution, surveying agency, licensing or certifying agency, it must be sent immediately to the following address:

**West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301**

531.1.16 Waivers and Variances

A center shall comply with the provisions of [West Virginia Code §49-2-122](#) et seq., the requirements of this rule, terms of the license or certificate of approval and any plan of correction, unless a written waiver or variance has been granted by the Secretary. A center may not obtain a waiver of the requirements of this rule on the basis of the inability to achieve compliance with the rule.

A request for a variance shall be submitted to the Secretary in writing. The request shall include:

- The specific requirement of this rule to be waived or varied: and
- The reason or reasons for seeking a waiver or variance.

A waiver or variance of a specific provision of this rule may be granted by the Secretary only if the following criteria are met:

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- The center has documented and demonstrated that the provision of the rule is inapplicable in a particular circumstance, or that the center complies with the intent of the provision in the rule in a manner not permitted by the rule;
- The health, safety, and well-being of a child is not endangered; and
- The waiver or variance agreement contains provisions for a regular review of the waiver or variance;
- The waiver or variance agreement is subject to immediate cancellation if the center fails to comply with the stated terms of this rule.

531.1.17 Notice to BMS and Legal Guardian/Parent of Adverse Action

PRTF's are required to inform BMS within 72 hours of all deficiencies noted by any state educational institution, certification institution, surveying agency, licensing agency or any other state certification entity. Deficiencies include standard and complaint investigations.

The written notification and a copy of any notice, survey, or complaint may be sent to, Attention: Office Director, for Facility Based and Residential Care. Reports must be mailed to:

**West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301**

When there is an adverse review of a facility that identifies moderate potential for harm or direct harm, termination of certification or a provider agreement, the facility must notify all West Virginia Medicaid members legal guardian/parent by regular mail within 72 hours of receipt of the deficiencies or termination notice. A copy of the letter of notification must be included in the West Virginia Medicaid member record.

531.2 MEDICAL ELIGIBILITY/MEDICAL NECESSITY

The West Virginia DHHR, BMS, utilizes a Utilization Management Contractor (UMC) to certify West Virginia Medicaid member medical necessity for admission and continued stays in all PRTF's. BMS is not financially responsible for reimbursement of a West Virginia Medicaid member who is not prior authorized for admission or continued stays in any facility by the UMC. The facility may not bill the West Virginia Medicaid member for any charges unless it is specifically documented, signed and dated that the parent/guardian is made aware and understands that West Virginia Medicaid will not reimburse for the service and the parent/guardian understands and agrees to pay for services.

PRTFs provide treatment to individuals under the age of 21 with severe emotional disturbances and/or long term psychiatric illnesses. The service must be provided before the individual reaches 21 years of age. If the individual was receiving services immediately before he or she reaches age 21, the services must cease at the time the individual no longer requires services or the date at which the individual reaches 22 years of age. ([42 CFR §441.151\(3\)\(i\)\(ii\)](#)).

Children in parental custody are referred to as non-custodial placements. When parents place their child in a PRTF, documentation must indicate the child has been receiving services in the community for at

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least **six months** with significant functional deficits in the school, home, and community except as a planned step down from acute care. Participation in the treatment process by the child and support for treatment by the parent must be documented and provided upon request for the prior authorization for services. The referring physician/psychiatrist, not affiliated with the receiving facility, must provide documentation of treatment and/or lack of response to treatment. The referring physician/psychiatrist, not affiliated with the receiving facility, must certify the need for this level of service and complete, sign and date the MCM-1 ([Appendix 531 - MCM-1](#)). The parent retains legal custody and financial responsibility for expenses related to treatment, supervision, room and board, education, etc. not covered by medical insurance/Medicaid. The child must meet all other admission criteria set forth for PRTF level of care also (see admission criteria).

531.3 SERVICE PROVISION

PRTFs provide a range of comprehensive services to treat the psychiatric condition of members on an inpatient basis under the direction/order of a physician/psychiatrist. The purpose of such comprehensive services is to provide treatment to individuals under age 21 with severe emotional disturbances and/or long term psychiatric illnesses. Symptoms are complex and of a significant duration, that have not responded to shorter-term interventions and/or community based interventions. Psychiatric care is provided to individuals under the age of 21 that do not require acute psychiatric care, but whose immediate treatment needs require active treatment on a 24 hour inpatient basis to attain a level of functioning that allows subsequent treatment in a less restrictive setting. PRTF services are generally short term (nine to twelve months) inpatient services intended to improve the West Virginia Medicaid member's condition or prevent further regression so that the services will no longer be needed. A PRTF is to provide a less medically intensive program of treatment than a psychiatric inpatient hospital or a psychiatric unit of a general hospital could provide, and must include an on grounds educational component that provides a continuum of the West Virginia Medicaid member's current grade level.

All services must be delivered under the direction and orders of a physician or a psychiatrist. PRTF services focus on the improvement of West Virginia Medicaid member's symptoms through the use of strength and evidence-based strategies which include:

- group and individual therapy
- family therapy
- behavior management
- medication management and medication monitoring
- active family engagement

Services are designed to improve and/or ameliorate the West Virginia Medicaid member's mental health or co-occurring mental health and substance abuse condition. (See [Section 531.3.2, Admission Criteria](#) in this chapter).

531.3.1 Admission

An admission occurs upon the formal acceptance by an enrolled PRTF of a West Virginia Medicaid member who has been prior authorized for admission by the West Virginia Medicaid program UMC. The day of admission is considered a day of care; the day of discharge is not considered a day of care.

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PRTF services are appropriate when a West Virginia Medicaid member does not require emergency or acute psychiatric care but does require nursing supervision and meet medical necessity for treatment on a 24 hour basis. A board certified psychiatrist (experienced in child/adolescent psychiatry) or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry with admitting privileges at the PRTF must order and provide oversight for each admission.

PRTF admissions are planned and **not** an emergency admission. Admissions after 5 p.m. on Friday or on holidays require prior authorization for reimbursement for services **prior** to placement.

Facilities accepting West Virginia Medicaid members into treatment are permitted to accept children within age groups defined by their licensing entity. When accepting West Virginia Medicaid members under age 12, the facility must provide, at time of enrollment application, documentation regarding the ability to provide increased staffing, depending on the acuity of the child, this may be 1 on 1 staffing, etc. to provide for the younger child as well as the policy standards that address therapy, milieu effects, and supervision to ensure the prevention of the child being targeted for abuse. Facilities serving younger children must provide groupings for the child that will provide for "separation according to developmental functioning, sex, social skills, group dynamics, and other variables if appropriate and necessary. Children have the right to be housed with children of the same approximate ages, developmental levels, and social needs. This separation must be a matter of organizational policy." ([78-CSR-3.14.12, Groups and Groupings 14.12.b.](#)) The facility must also describe their process to provide educational requirements necessary to serve the younger child.

West Virginia Medicaid members under the age **nine** are not to be placed in an out-of-state PRTF unless there is documentation provided indicating this is the only alternative available for the child because alternative resources have been explored and are not available in state and if the placement is not made the safety/well-being of the child is at risk.

For each West Virginia Medicaid member admitted to a PRTF facility a MCM-1 must be completed by the referring physician/psychiatrist, with no affiliation to the receiving facility, certifying the need for this level of care. A copy of the MCM-1 must be submitted to the UMC along with a request for authorization for admission to the facility. The original signed/dated MCM-1 must be part of the West Virginia Medicaid member record at the receiving facility and must be available for review immediately upon request. The signed/dated MCM-1 is effective for a period of 30 days prior to the request for prior authorization for admission. If prior authorization is not requested within 30 days of the physician's/psychiatrist's signature and date, a new MCM-1 will be required for prior authorization for admission. Prior authorization for admission to the PRTF is effective for 10 days. If the child is not placed within the facility within the 10 day period, a new authorization is required. Children entering care utilizing private medical insurance with the prospect of obtaining a West Virginia Medicaid Card for reimbursement after the insurance has expired are required to have an MCM-1 signed prior to admission to the facility.

The UMC reviews all requests for admission to and continued stay requests in all approved and enrolled PRTF's. The role of the UMC is to determine the medical necessity of PRTF services for child/adolescent members with psychiatric diagnoses, the appropriateness of a particular PRTF setting for each West Virginia Medicaid member, and the number of days reasonably required to treat a child/adolescent's condition.

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The following information must be included in the admission packet:

- a. Immunization records (See also [Section 531.4.3 on Physical Health Services](#));
- b. Court order(s) if applicable;
- c. Birth Certificate;
- d. Social Security card;
- e. Insurance information/Copy of West Virginia Medicaid Card;
- f. MCM-1; and,
- g. School records, including special education records (where applicable).

531.3.2 Admission Criteria

Admission to a PRTF facility requires the West Virginia Medicaid member meet following criteria:

1. West Virginia Medicaid member is under the age of 21 and has a diagnosed DSM IV-TR mental health or a co-occurring mental health and substance abuse condition ([42 CFR §456.180](#)). A diagnosis of substance abuse alone will not constitute medical necessity for an admission to a PRTF, **and**,
2. Severe to acute psychiatric symptoms manifested from the qualifying diagnosis or condition. The severity of these symptoms contraindicate treatment at a lower level of care safely occurring **and**,
3. Severe functional impairment due to psychiatric diagnosis, in three or more major life domains (school performance, family relationships, interpersonal relations, communication/thought processes, self-care, and community) is documented. Youth's impairments are determined in comparison to same age peers/developmental age, **and**,
4. Failure in less restrictive levels of care within the past six months, despite active participation in treatment based on clinical pathways addressing their qualifying condition, except as a planned step down from acute care. (Clinical pathways are standardized, evidenced-based, multidisciplinary management plans, which identify an appropriate sequence of clinical intervention, time frames, milestones and expected outcomes,) **and**,
5. Individual demonstrates the ability capacity to positively respond to treatment services. Child can participate and process information as evidenced by an appropriate IQ for the program to which they have been admitted unless there is substantial evidence that the IQ score is suppressed due to psychiatric illness.

When an admission is denied by the PRTF, the facility must notify the referral source of the reason(s) for the denial within 72 hours. The PRTF must keep a log of all denial notifications for review by UMC. If placement is denied because medical necessity is not established, the UMC will notify the referral source, the facility, and the parent/guardian of the denial and the appeal process rights. Refer to [Chapter 100, General Administration and Information](#), for additional information on the appeals process.

531.3.3 Resident Rights and Responsibilities

Upon admission to the PRTF, staff must provide the West Virginia Medicaid member and parent/guardian with a statement of rights and responsibilities which must cover at a minimum:

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- The member's right to access treatment regardless of race, religion, or ethnicity;
- The member's right to recognition and respect of personal dignity in the provision of treatment;
- The member's right to be provided treatment and care in the least restrictive environment possible;
- The member's right to an individualized treatment plan;
- The member and family's right to participate in planning for treatment;
- A description of care, procedures, and treatment the member will receive;
- The member's right to informed consent related to the risks, side effects, and benefits of all medications and treatment procedures used; and
- The right, to the extent permitted by law, to refuse the specific medications or treatment procedures and the responsibility of the facility if the member refuses treatment.

Discipline measures must be fully explained to each West Virginia Medicaid member and the member's parent/guardian. PRTF's must prohibit all cruel and unusual disciplinary measures including the following:

- Corporal punishment;
- Forced physical exercise;
- Forced fixed body positions;
- Group punishment for individual actions;
- Verbal abuse, ridicule, or humiliation;
- Denial of three balanced meals per day;
- Denial of clothing, shelter, bedding, or personal hygiene needs;
- Denial of access to educational services;
- Denial of visitation, mail, or phone privileges for punishment;
- Exclusion of the West Virginia Medicaid member from his/her assigned living area; and
- The use of restraint or seclusion as a punishment or implemented for the convenience of staff.

531.3.4 Interstate Compact on the Placement of Children (ICPC)

All approved admissions to out-of-state facilities require the completion of Interstate Compact on the Placement of Children (ICPC) **prior** to the placement. In every state, the Compact office and personnel are located in an office that is part of the department of public welfare or the state's equivalent agency. In West Virginia, the Compact Administrator is the Commissioner of BCF. **All** out-of-state placements (DHHR custody and non-custodial placements) into PRTF's require approval prior to placement. Non-custodial placements require a signed/dated Statement of Assurance indicating the parent/guardian retains legal and financial responsibility for the child while in placement. The Statement of Assurance is kept by the ICPC office as part of the ICPC record.

531.3.5 Assessment

The initial assessment contains information concerning the child's initial treatment needs. Information will come from referral packets, intake information, family members, previous placements, and information forwarded in the referral packet.

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The assessment process must be initiated within 24 hours of admission. The initial treatment plan completed within 72 hours of admission and will document minimally one primary treatment goal/problem listed on the MCM-1. A more comprehensive treatment plan in the first 14 days after admission to a PRTF must document the need for the PRTF level of care by the Multidisciplinary Team ([42 CFR §441.155\(b\)\(1\)](#)). The assessment process must include, but is not limited to, the following:

- A psychiatric evaluation;
- A medical history and examination;
- A psychosocial assessment which includes a psychological profile, a developmental profile with a validity statement;
- A behavioral assessment;
- An assessment of the potential resources of the West Virginia member's family ([42 CFR §441.156\(b\)\(2\)](#));
- A Child and Adolescent Needs and Strengths (CANS) assessment, or other nationally recognized functional assessment;
- An educational evaluation;
- A nursing assessment;
- A nutritional assessment; and,
- An occupational/physical/speech assessment as indicated.

The facility will maintain a policy to ensure the transfer of educational records, information, and individual support when a West Virginia member enters the PRTF within seven days of admission. The transfer of records from one school to another is vital to proper and prompt placement in a new school system. The facility will obtain and review previous educational records for each student prior to admission to the facility. West Virginia members who require special education services must be identified, and the facility must ensure that those services are provided according to the rules and regulations of the West Virginia Department of Education.

Upon admission, an academic assessment must be administered by a qualified instructor that measures (at a minimum) math, reading, and written expression skills. A nationally recognized vocational assessment must be administered to any student at least 14 years of age who has not been previously assessed.

531.3.6 Treatment Planning

The treatment planning process is a collaborative process through which the members of various disciplines jointly develop a comprehensive, individualized plan for the treatment of each member. Providers must provide services in accordance with an individualized treatment plan under the direction of a physician/psychiatrist. The treatment plan charts a course designed to help the member move to a less restrictive level of care as quickly as possible. ([42 CFR §441.154\(b\)](#)) The activities included in the service must be intended to achieve identified treatment plan goals and objectives and be designed to achieve the beneficiary's discharge from inpatient status at the earliest possible time. Services to be provided must be in accordance with [42 CFR Sections §441.154 through §441.156](#).

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The treatment plan process begins within 24 hours of admission with implementation of the initial assessments/interviews defined above. A preliminary treatment plan must be completed within 72 hours of admission and will document minimally one primary treatment goal/problem, the member's treatment schedule, and preliminary treatment goal objectives. A more formalized initial treatment plan must be developed and implemented no later than 14 days after admission to the facility. The treatment plan document must contain evidence of the member's and his/her parent/guardian's active participation in the treatment planning/review/revision process. The multidisciplinary treatment team will meet to staff each member and review/revise his/her treatment plan as often as necessary to provide optimum treatment but at least once during the first 14 days following admission and monthly (30 days) thereafter. The West Virginia Medicaid member will participate to the maximum extent feasible in the development of the treatment plan. Participation (or lack of participation) by the member and the family in the treatment planning process must be documented in the member's record. Repeated failure to participate after attempts to engage must be documented in the member record.

531.3.7 Treatment Team Composition

The individual plan of care under ([42 CFR §441.155](#)) must be developed by the multidisciplinary team of physicians/psychiatrists and other personnel who are employed by, contracted by, or provide services to member's, in the facility.

Based on education and experience, including competence in child psychiatry, the team must be capable of ([42 CFR §441.156\(b\)](#)):

- Assessing the member's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;
- Assessing the potential resources of the member's family;
- Setting treatment objectives; and,
- Prescribing therapeutic modalities to achieve the planned objectives.

The mental health treatment team must include at a minimum the following:

- A Board-eligible or Board-certified Psychiatrist (experienced in child/adolescent psychiatry);
- A Licensed Psychologist (as indicated by needs of child);
- A Registered Nurse(s);
- A Psychiatric social worker(s), LPC;
- A Certified Teacher(s); and,
- An Occupational/Physical/Speech Therapist (as indicated by needs of child).

531.3.8 Treatment Team Development

The treatment plan delineates all aspects of the West Virginia Medicaid member's treatment and includes, at a minimum: ([42 CFR §441.156](#)):

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- A current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association; and/or the current International Classification of Disease and Related Health Problems (ICD) behavioral/mental health diagnosis;
- An assessment of the member's immediate therapeutic needs;
- An assessment of the member's long-range therapeutic needs;
- An assessment of the members' personal strengths and liabilities;
- Identification of the clinical problems that are to be the focus of treatment;
- Measurable and realistic treatment goals for each identified problem;
- Observable, measurable treatment objectives that represent incremental progress towards goals, coupled with target dates for their achievement;
- Specific treatment modalities and/or strategies that will be employed to reach each objective, e.g. psychotherapy (individual, family, group), medication, behavior modification programs, etc.;
- Special procedures (i.e. those providing for the seclusion or restraint of a West Virginia Medicaid member) must **not** be included in the treatment plan unless justified by evidence (current or historical) of aggressive behavior which cannot be controlled by less restrictive interventions. If special procedures become necessary, the treatment plan must be amended or modified within one working day of the first incident to reflect the use of the least restrictive necessary measures;
- The clinician identified as responsible for each aspect of treatment;
- Identification of goals, objectives and treatment strategies for the family as well as the member, and identification of the clinician responsible for treatment;
- When a continued stay at the facility is needed, it is the responsibility of the member's Multidisciplinary Treatment Team and the Clinical Director to establish that the requirements for a continued stay have been met;
- An individualized discharge plan that includes:
 - Discharge criteria, indicating specific goals to be met, and
 - An estimated discharge target date.
- Prior to discharge the discharge plan must also include an aftercare plan that addresses coordination of family, school/vocational and community resources to provide the greatest possible continuity of care for the member. ("at an appropriate time") ([42 CFR §441.155\(b\)\(5\)](#)).

The member's treatment plan must include a specific strength-based family integration/reintegration treatment plan when appropriate. It must also include guidelines for family participation while the member is at the facility. These family participant guidelines must contain frequency of family visits, whether visits are supervised, and location of visitations. Family counseling and family visits must not be contingent on the West Virginia Medicaid member's behavior.

531.3.9 Treatment Plan Review and Revision

The treatment team reviews and revises the treatment plan for each West Virginia Medicaid member as often as necessary to provide optimum treatment but must meet at least once during the first 14 days following admission and monthly (every 30 days) thereafter. ([42 CFR section §441.155\(c\)](#))

The treatment review team will assess the member's progress in treatment by:

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- Documentation of treatment successes/failures (which objectives and/or goals have been achieved and when) and explaining treatment outcomes;
- Documenting changes in the treatment plan as needed;
- Documentation of the re-assessment of the member's need for continued residential care, as opposed to less restrictive treatment, and;
- Documentation of the member's measurable progress towards discharge, reviewing/revising the discharge criteria and/or target date as needed.

531.4 ACTIVE TREATMENT

Inpatient psychiatric services must involve "active treatment," ([42 CFR §441.154](#)), which means implementation of a professionally developed and supervised individual plan of care, described in [42 CFR §441.155](#) that is;

- a) Developed and implemented no later than 14 days after admission;
and
- b) Designed to achieve the member's discharge from inpatient status at the earliest possible time.

Active treatment: The use of the term "treatment" in this manual refers to the active treatment of the West Virginia Medicaid member. Active treatment is a process comprising:

- Multi-disciplinary diagnostic assessment;
- Interdisciplinary treatment planning;
- Therapeutic intervention;
- Treatment evaluation/revision;
- Discharge/aftercare planning, and;
- Provision of Educational services in an on grounds school.

531.4.1 Mental Health Services

Psychotherapy is defined as the intentional, face to face interaction (verbal and/or non-verbal encounters) between a mental health professional and a client (an individual, family, or group) in which a therapeutic relationship is established to help resolve symptoms of the member's mental and/or emotional disturbance. It is required that all individual therapy, family therapy and group therapy must be provided by master's level therapists.

- **Individual therapy** is defined as psychotherapy that takes place between a mental health therapist and a member. A minimum of one hour of individual therapy must be provided each week unless its contraindication is documented in the treatment plan. It is required that providers of individual therapy must be a master's level therapist.
- **Family therapy** is defined as psychotherapy that takes place between a mental health therapist and a member's family or guardian, with or without the presence of the member. If a member is in the custody of the Department of Health and Human Services (DHHR), family therapy may also include, DHHR representatives, foster family members acting *in loco parentis*.

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Each member's family, guardian, or person acting *in loco parentis* must participate in family therapy at least twice a month unless its contraindication is documented in the treatment plan. If the Medicaid member's family is more than a two hour drive from the PRTF, one face-to-face family therapy session and one therapeutic conference call will be acceptable. Both of these contacts must be therapeutic in nature, (i.e. to discuss the member's functioning, treatment progress, goals and objectives). Social visits or phone calls are not considered family therapy.

Members who are in the custody of the Department of Health and Human Services (DHHR) should complete one face-to-face family therapy session at the PRTF facility and complete the second family therapy session via telephone. In the case of non-custody placements, the facility is required to make every effort to accommodate the member's family in therapy sessions. Documentation of attempts and the family's ability to participate or noncompliance with attempts to involve the family must be recorded in the member's record and available for review.

It is required that providers of family therapy will be master's level therapists.

- **Group therapy** is defined as psychotherapy that takes place between a mental health therapist and at least two but not more than twelve members at the same time. Groups of more than 12 participants are allowed if the primary therapist for the group is assisted by a co-leader. Group co-leaders are not required to be master's level therapists. Possibilities for groups include, but are not limited to, those which focus on relaxation training, anger management and/or conflict resolution, social skills training, self-esteem enhancement, etc.

Each member must participate in a minimum of three hours, each week unless contraindication is documented in the treatment plan. The manner in which services are delivered (length, frequency, and timing of sessions) should be determined by what is developmentally appropriate for each member. It is required that providers of group therapy must be master's level therapists although larger groups (more than 12 participants) may be co-led by a person with a lesser level of training.

- **Milieu therapy** is defined as residential psychiatric treatment that occurs in the total environment of the closed setting, also referred to as the "therapeutic community." Emphasis is placed on clear, healthy, respectful communication between member/member, staff/staff, and staff/member, and on shared problem-solving and decision-making. The entire environment, not just the limited time spent with an identified therapist, is considered vital to the treatment process.

One essential component of milieu therapy is the community meeting. This is a time when all members and most, if not all, professional and direct care staff meet together to discuss and solve problems that arise in community living, make community decisions (i.e. planning recreational activities for the group, etc.), set goals, and resolve conflicts. More than one community meeting may be held during the day. As a group function, participation and outcomes of the group must be documented.

Milieu therapy must be available.

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- **Occupational/Physical/Speech Therapy** is defined as the use of purposeful activity, designed and guided by a qualified professional, to help the member achieve functional outcomes that promote the highest possible level of independence. Occupational therapy must be provided by an Occupational Therapist Registered (OTR).

531.4.2 Therapeutic Behavior Management

Behavioral Management Services are specific activities that have been planned and tailored to eliminate inappropriate (maladaptive) behaviors and to increase or develop desired adaptive behaviors for an individual member. These services result from areas of need identified on the member's service plan. Behavior management is a time-limited service that must end when the desired outcomes have been achieved (i.e., targeted behaviors have been acquired or eliminated).

The use of behavior management interventions, (e.g. time out, behavioral contracts, point systems, logical and natural consequences, incentive programs, level systems, positive behavioral reports, etc.) with members must be guided by policies and procedures developed by the facility. Policies must indicate the intent to maintain a safe, nurturing, and therapeutic environment that protects the rights of all members and that respects the ethnic, religious, and identified treatment parameters for each individual member in care. Policies must comply with DHHR licensing rules and applicable state/federal statutes and generally accepted best practice standards promulgated by national accreditation organizations.

Therapeutic Behavioral Services - Development includes four major components:

- Behavior Assessment
- Plan Development
- Implementation Training
- Data Analysis and Review of the Behavior Management Plan after implementation

Therapeutic Behavioral Services - Implementation is an integral component of Behavior Management services (refer to [Chapter 503, Behavioral Health Rehabilitation Services](#).)

531.4.3 Physical Health Services

PRTF facilities must provide physical health services as part of their treatment of West Virginia Medicaid members. Physical health services may be provided directly by the facility or may be provided by a vendor outside the facility. Physical health services must be addressed on the member treatment plan and must include:

- Assessments and evaluations as required in ([42 CFR §441.155\(b\)\(1\)](#)).
- Diagnosis, treatment, and consultation for acute or chronic illnesses occurring during the West Virginia Medicaid member's stay at the facility or for problems identified during an evaluation.
- Preventative health care services to include periodic assessments in accordance with the periodicity schedule established by the American Academy of Pediatrics.
- Completion of immunizations if a West Virginia Medicaid member's immunization is not complete.
- Routine medical care for all West Virginia Medicaid members (i.e. care during outbreaks of flu, non-complicated lacerations, scrapes, burns, etc.)

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- Dental examination within six months of admission with periodic screenings. If the West Virginia Medicaid member has dental work that is ongoing (i.e. braces) the treatment plan must include plans to ensure the necessary follow-up dental care/exams are completed as needed.
- Speech, language and hearing services to meet the identified needs of the West Virginia Medicaid members.
- Vision screening and follow-up as indicated.

If physical health services are provided outside the PRTF, the facility must track:

- The referral of West Virginia Medicaid members;
- Qualifications of staff providing services;
- Exchange of clinical information must be provided.

531.4.4 Pharmacy Services

Medication is an important cornerstone of psychiatric treatment. Documents pertaining to this aspect of treatment (patient/family education and consent, medication orders, administration, monitoring) must be accurate, readily located and available for review. When medication is a prescribed intervention for a problem identified in the member's treatment plan, it must be noted as such in the treatment plan. When medication changes are made, they should be made during treatment planning meetings whenever possible. When circumstances preclude this, the changes must be reviewed for all team members' updated at the next available staffing opportunity.

Psychotropic medication must be used only as one component of a total therapeutic program, and the diagnosis and projected/targeted behaviors must be included in a written treatment plan. Psychotropic medication must not, under any circumstances, be prescribed or administered for the purposes of program management control, for discipline or punishment reasons, for convenience of staff, or for experimentation or research purposes.

A facility director or designee must provide pharmaceutical services as outlined in ([42 CFR §483.60](#)) to accurately and safely provide or obtain pharmaceutical services, which include the provision of routine and emergency medications and biologicals and consultation of a licensed pharmacist, in order to meet the needs of its members. The facility director or designee shall ensure the development and implementation of written procedures based on policies approved, signed and dated, by the governing body, related to the provision of pharmaceutical services, including procedures that assure the accurate acquisition, labeling, receipt, dispensing and administration of all medications and biologicals. The facility director or designee shall assure that pharmaceutical services are provided in accordance with this rule and all other applicable federal, state and local laws and the rules of the states' Board of Pharmacy. The facility director or designee must employ or contract the services of a Licensed Pharmacist who is licensed to practice in the state in which the facility is located and is currently registered as a consultant pharmacist with the states' Board of Pharmacy. A pharmacist providing pharmacy consulting services in a PRTF must comply with all applicable federal, state and local laws and the rules of the state's Board of Pharmacy. In review of best practice, the consultant pharmacist must not be an employee of the pharmacy servicing the facility and operate independently as a consultant. The consultant pharmacist must review the medication regimen of each member once a month or more frequently based on the member's needs. The consultant pharmacist must document the results of each

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member's medication regimen review in the member's medical record. The medication regimen review must include substances that are regarded as herbal products or dietary supplements. The consultant pharmacist must report any irregularities in the medication regimen review along with documented recommendations to the clinical director and the psychiatrist. The PRTF's pharmacist consultant must be available to advise the PRTF staff regarding questions or concerns. The consultant pharmacist recommendations must be reviewed within seven days by the psychiatrist with changes made in the medication regimen. If the decision is not to follow the recommendations, the psychiatrist must document the decline on the same form as the recommendations with signature and date of decision.

Drugs and biologicals used in the PRTF must be labeled in accordance with the requirements of federal, state and local laws, rules and regulations. The labels must include the appropriate accessory and cautionary instructions with the expiration date and time to be administered per physician's/psychiatrist's order. All over the counter medications must have the date opened and initiated by the employee administering the medication.

In accordance with state and federal laws, the facility director or designee must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys. The facility director or designee must provide separately double-locked, permanently affixed compartments for the storage of drugs subject to abuse and controlled drugs as identified by federal regulations. The PRTF may also use single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

The facility director or designee and the dispensing pharmacy must maintain prescription records in accordance with state and federal laws, and provide such prescription records upon request by the West Virginia Medicaid agency or its representatives.

531.4.5 Consent for Medication

When medications are prescribed or changed, a member of the professional staff will review with each member's parent/guardian and document in the medical record the following information:

- The name/class of medication;
- The method of administration (oral, injection, etc.);
- The symptom(s) targeted/expected outcomes;
- Possible side effects of the medication;
- Possible long-term effects of the medication;
- Treatment alternatives;
- Likely outcomes of using/not using the medication.
- The minimum and maximum dose to be administered.

When a face-to-face encounter cannot be held with a parent/guardian prior to starting a medication regimen, the "informed consent" conference may be held by telephone, with the parent/guardian's responses noted and dated. This form must be signed by the parent/guardian within 30 days after the telephone consent is obtained. The PRTF professional staff must document this telephone consent obtained with one witness signature/date on the form after talking with the parent/guardian. Documentation regarding the parent's verbal consent must be located in the member record.

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Documentation of efforts to obtain the above signature must also be contained in the member record if the parent fails to return the form within the 30 day period.

Documentation that the education was presented and consent to proceed must be provided when parents/guardians are informed of all drugs being prescribed off-label (diagnosis not approved by the FDA, dosage outside the FDA guidelines, or if the drug has not been approved for the age of the West Virginia member). Decline in consent by the parent/guardian must be documented along with physician/psychiatrist notification.

531.4.6 Administration of Medication

Only licensed professionals may administer medications to WV Medicaid members. Examples of licensed staff include physicians, physician assistants, nurse practitioners, registered nurses and licensed practical nurses. No unlicensed or certified individual may administer medications to West Virginia Medicaid members in a PRTF facility, regardless of whether they are certified to do so by the state where the PRTF facility is located or are supervised by a professional staff member when administering medications.

Documentation must substantiate that medications have been accurately administered in accordance with the physician's or other licensed practitioner's orders. Any variances must be justified in the record by licensed medical staff. A Medication Administration Record (MAR) for monitoring medication side effects must be identified and includes all medications that are routinely administered to each member who is prescribed medication and will have documentation review by the psychiatrist upon admission, as medically necessary and at least every 30 days during his/her stay, and again at discharge.

"Standing Order PRN medications" are not permitted. Over the counter medications (PRN's), for each member must be prescribed for the member by a physician with prescribing privileges, with clear indications for use and start and stop dates for each medication prescribed.

531.4.7 Medication Errors

Medication errors will be tracked and quantified as part of the continuous quality improvement program of BMS to ensure that children in DHHR custody and non-custodial placements are receiving the best care possible.

Medication errors will be analyzed in terms of the type of error (e.g., wrong dose, omission, wrong time, etc.) and the severity of the error. All documentation related to medication errors will be readily available upon request by BMS.

The physician/psychiatrist must be notified immediately of a medication error and the physician/psychiatrist order (if any) be obtained by nursing personnel or the physician/psychiatrist themselves.

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531.4.8 Dietary Services

The PRTF must have written policies and procedures approved by the governing body for the provision of dietetic services for members. Adequate staff, space, equipment, and supplies must be provided for safe sanitary operation of the dietetic services, the safe and sanitary handling and distribution of food, the care and cleaning of equipment and kitchen area, and the washing of dishes. Nutritional aspects of member's care will be planned, reviewed, and periodically evaluated by a qualified dietician.

Food must be served to members and staff in a common eating place and:

- Must account for the special food needs and tastes of members;
- Must not be withheld as punishment, and;
- Must provide for the special dietary needs of each member.

At least three meals per day must be served with no more than a 15 hour span between the substantial evening meal and breakfast. The facility must arrange for and make provision for between-meal and unscheduled snacks.

531.4.9 Visitation with Parents and Extended Family

Visitation arrangements must be agreed upon as soon as possible after placement of the child and documented in the member's record. These arrangements must be made in agreement with the family/guardian, the residential facility and the member's DHHR caseworker. Any restrictions on visitation arrangements by the DHHR caseworker or the court must be noted in the member's treatment plan. All visits will be coordinated through consultation with the parent/guardian and the member's DHHR caseworker.

The facility must design and implement services in a manner that supports and strengthens family relationships and empowers and enables parents and family members to assume their roles. When a member's presenting problem affects or is affected by a member's family, the facility will provide coordination of social services to children, adults, and families that may be necessary to achieve family reunification, stabilize family ties, or obtain a permanent family for a member receiving out-of-home care. The family of a member in out-of-home care is expected to participate in making case plans, is kept advised of ongoing progress, and is invited to case conferences. When a member is in out-of-home care, the agency fully involves the family or individuals identified in the permanency plan as permanency options with a focus on timely permanency as the primary goal. The facility cannot deny visits, telephone calls, or mail contacts with a DHHR approved family. The facility is responsible for coordinating visitation with the member's family including provision of transportation as available to enable the visitation to occur.

In instances of non-custodial placement, transportation arrangements must be made with the facility, and the parent involved to ensure that the visitation does take place. Non-Emergency Medical Transportation (NEMT) **cannot** be used to transport the child to a facility located out of- state. The use of NEMT to transport a parent to the facility for visitation with the child is **not** a covered service.

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531.4.10 Life Skills

Facilities providing care to members has the responsibility to help them develop into self-sufficient adults. In addition, all facilities and individuals who provide substitute parental care for members are charged with helping to ensure that their social, emotional, and intellectual development is achieved to each member's highest potential.

The facility must ensure that all adults entrusted with the care of West Virginia children and youth demonstrate appropriate social behavior; respond properly to stressful situations; and promote good physical, emotional, and intellectual well-being. It is through the observation of positive adult behavior and through interaction with positive adult role models that children and youth develop and demonstrate positive attributes.

531.4.11 Therapeutic Leave

Therapeutic leaves are a necessary and integral part of a member's treatment. Therapeutic leaves allow for an evaluation period to determine the member's ability to adjust to the transition back into the home setting and/or to a lesser level of care facility. Therapeutic leaves of absence would occur when clinically appropriate, particularly toward the end of a member's placement to ensure adequate transition into the family/foster family home. A therapeutic leave day is defined as a day of absence when the member spends a night away from the PRTF without support from direct staff. The maximum allowable and reimbursable therapeutic leave days (absences) per PRTF shall be limited to eight (8) days per calendar year.

The medical record must contain a physician's/psychiatrist's order for therapeutic leave, the date and time of the beginning of the therapeutic leave, and the date and time the member returns to the PRTF. For therapeutic leave, the date the member leaves the PRTF is counted as a leave day and the day the resident returns to the facility shall not be counted as a leave day.

Documentation must include:

- The date/time of check-out
- The required time of return
- The name(s) of the person(s) with whom the leave will be spent
- The member's physical/emotional condition at the time of departure (including vital signs)
- The types/amounts of medication being provided and instructions (in lay terms) for taking them
- Therapeutic goals for the leave. Goals must relate to the goals established in the treatment plan.
- The name and signature of the person with whom the member is leaving
- The signature of the staff person checking the member out.

Documentation upon return must include:

- The date/time of check in
- The member's physical/emotional condition at the time of return (including vital signs and notation of any physical injury or complaint)

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- Whether or not any contraband was found
- The types/amounts of medication being returned, if any, and explanation of any missed doses
- An explanation of any early return from leave
- A brief report on the outcome of the leave by the parent or guardian (were therapeutic goals achieved? Was the member's behavior appropriate?)
- The name and signature of the person returning the member to the facility
- The signature of the staff person checking the member in
- An assessment of the outcome of the leave must be documented by the member's therapist within 72 hours of the member's return from leave.

531.4.12 Billing and Reimbursement for Therapeutic Leave

The following revenue codes are to be utilized to bill Therapeutic Level:

REVENUE CODE	CODE DESCRIPTION
0183	Leave of Absence - Therapeutic
0185	Leave of Absence - Hospitalization

531.5 CONTINUING STAY CRITERIA

When West Virginia Medicaid members are prior authorized for PRTF admission by the UMC, they are authorized a limited number of days for that admission. It is the PRTF's responsibility to help the member accomplish treatment goals within that time frame or to justify to the UMC why a longer stay should be prior authorized. When a continued stay is needed, it is the responsibility of the member's Multidisciplinary Treatment Team and the Clinical Director to establish that the requirements for a continued stay have been met.

No later than seven days prior to the end of a member's authorized stay, the treatment team must have;

- developed a detailed discharge/aftercare plan for the member;
- or
- applied to the UMC for additional treatment time.

In reviewing requests for extended treatment, the UMC reviews the appropriateness and quality of the member's ongoing treatment as planned, provided, evaluated, revised and documented by the treatment team.

The following criteria must be met in order for a continued stay prior authorization:

- Individual is still under the age of 21 and has a confirmed DSM IV-TR mental health or co-occurring mental health and substance abuse diagnosis,
- and
- Psychiatric symptoms manifested by the qualifying diagnosis or conditions continue to be severe and/or complex and the severity of the symptoms contraindicate treatment occurring safely at a lower level of care. The treatment plan has been modified to address barriers to achieving goals,

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or

- New symptoms have emerged or previously unidentified symptoms have manifested that require continued treatment and the severity of symptoms contraindicate treatment occurring safely at a lower level of care,

and

- Multiple symptoms and functional impairments due to psychiatric diagnosis continue to be present despite progress being documented,

and

- Individual and/or family continues to be actively engaged and participating in the care plan.

When discharge problems arise because of the lack of an appropriate placement for the member (ex: unsuitable family environment, foster home unavailability, no group home vacancies), it is the responsibility of the PRTF, together with the party having legal responsibility of the member, to locate and/or arrange an appropriate placement. **The lack of post-discharge options alone will not be considered a valid basis for continued PRTF stay.** The discharge process begins on the day of admission and must be finalized at a minimum of seven days prior to discharge.

531.6 DISCHARGE

Discharge planning begins during the intake and placement process, for the member. When plans for the member are being developed with the member and the family, discharge plans are made, and continue as part of ongoing discussion throughout placement. After determining a tentative date for discharge, the multi/interdisciplinary treatment team is responsible for developing and implementing the discharge plan within the projected time frame. This may involve preparing the family for reunification, preparing a foster/adoptive family for the placement, coordinating the member's enrollment in the appropriate education program, keeping the group care facility informed of the plan, informing the member of the plan, or helping the member prepare for emancipation.

Discharge criteria would indicate that the symptoms and functioning have improved and a lower level of care can be safely provided or that a higher level of care is required to meet the member's needs.

Discharge planning is also initiated when the member's treatment plan goals and objectives have been substantially met and the discharge plan with appropriate, realistic and timely follow-up care is in place. When the care being provided at the facility no longer meets medical necessity, the member is discharged.

Discharging also occurs when the member is not making progress toward treatment goals despite persistent efforts to engage him/her and there is no reasonable expectation of progress at this level of care related to their psychiatric condition nor is it required to maintain the current level of functioning. The discharge plan must also include an aftercare plan that addresses coordination of family/legal representative, school/vocational and community resources to provide the greatest possible continuity of care for the member "at an appropriate time." ([42 CFR §441.155\(b\)\(5\)](#)) The plan's content will include, but not be limited to:

- The planned discharge date;
- The date of the member's admission and discharge;

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- The name of the person/agency expected to assume care and custody of the member;
- The physical location/address where the member is expected to reside; and,
- A list of the member's psychiatric diagnoses.

At the time of the member's discharge from the facility, the PRTF will provide the parent/guardian with:

- A written copy of the final aftercare plan;
- A supply of all current medications prescribed for the member, equal to the amount already stocked for that member by the PRTF but not less than a seven day supply; (When dispensing to a Long Term Care Facility, if the medications are not in the hands of the patient, they have reduced labeling requirements. If they are to be able to be taken home, the pharmacy would have to do full labeling. That would have to be spelled out for the pharmacy ahead of time so they can make sure any unit dosing system or unit of use system they are using to dispense would be able to do full labeling on the packaging, etc. if the patient is only to be gone one or two doses (That are unit dose packed) the nurse might give to caregiver with time instructions. Otherwise pharmacy must re-label to contain instructions for use.);
- Prescriptions for a 30 day supply of all medications prescribed for the member; and,
- Documentation of communication between the facility physician/psychiatrist and the community physician/psychiatrist assuming responsibility for the ongoing treatment to discuss the member's treatment plans while in the facility as well as the discharge plan.

The PRTF will seek the parent's/guardian's consent to release copies of the member's educational summary and recommendations to the member's school. When this consent is obtained, the educational information must be mailed to the member's school within one week following the member's discharge.

The PRTF must not send the member's complete aftercare plan, but must provide only information pertaining to education.

The PRTF will seek the parent/guardian's consent to release copies of the member's aftercare plan and discharge summary to the providers of follow-up mental health services. When this consent is obtained, copies of the aftercare plan and discharge summary must be mailed to the mental health aftercare provider within two weeks following the West Virginia member's discharge.

531.6.1 Emergency Discharge

Occasionally an emergency discharge/exit from a PRTF that are not in accordance with the West Virginia Medicaid member's case plan, are unavoidable. The facility must provide the West Virginia Medicaid member's caseworker with at least 72 hours' notice of discharge; parent/legal guardian notification must occur immediately when the decision is made. Upon receipt of such notice, the worker will begin locating and developing an alternative placement that is appropriate for the West Virginia Medicaid member's current and immediate situation and needs. The facility must work with the parent/guardian to ensure a safe and appropriate discharge is available to the non-custodial West Virginia Medicaid member and the member's family.

If the member is discharged for medical reasons (i.e., medical needs not provided by the facility such as surgery, etc.), the parent/guardian must obtain a new MCM-1 and make a request for prior authorization

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for services prior to re-admission to the facility. The child must meet all other admission criteria set forth for PRTF level of care (see admission criteria).

There must **not** be any instance when a West Virginia Medicaid member is discharged immediately for his safety or the safety of others while the member is placed in a PRTF. The facility is required to provide sufficient staffing 1:1 if necessary to allow for a safe and appropriate discharge.

531.6.2 Elopements/Run Away

A member is considered in elopement/run-away status if the West Virginia Medicaid member leaves without authority/supervision. If the member is under the age of 12 or is a member with mental or physical issues that, without supervision may pose a child safety or community safety risk, the elopement/run-away incident is reported immediately. As soon as staff determines that a member has eloped/run-away from the facility that person will immediately call the local law enforcement agency and law enforcement may choose to enter the member into the National Crime Information Center (NCIC) data base. Members in custody as a status offender or with child abuse/neglect issues may be listed by local law enforcement as a Missing Person. The facility will notify the parent/guardian immediately. A member charged with juvenile delinquency must be reported to local law enforcement. Members in custody as an adjudicated juvenile delinquent may be listed by local law enforcement as a Wanted Person. A complete incident report form must be initiated to include the time of discovery along with all processes implemented to assist with locating and returning of the member to the facility and the outcome.

Reimbursement is not available when a child has eloped or is missing and is not in residence at the facility for more than 24 hours.

In cases of elopement/run-away incidents where the member has a history of "repeat run-away incidents," the facility must develop a safety plan for the member in their treatment plan. Consideration should be given to the member's history of running away, safety concerns (for both the member and the community), need for additional supervision, and/or need for a more secure facility placement.

Upon the return of a West Virginia Medicaid member from an elopement/run-away incident, the facility will notify the parent/guardian and law enforcement of the return so any alerts can be cancelled and documented. The incident report must have attached all written accounts of all processes implemented to assist with locating and returning the member to the facility. The documentation must contain the written account as well as written statements, names and times of all persons involved including the physician/psychiatrist.

If a West Virginia Medicaid member has been on elopement/run-away status and has missed his/her medication(s) for 48 hours or longer, the physician/psychiatrist must be notified for instructions/orders before restarting the medication(s) on the member's return to the facility.

531.7 DOCUMENTATION REQUIREMENTS

Documentation and record retention requirements governing the provision of all WV Medicaid services will apply pursuant to [Chapter 100, General Administration and Information](#) and [Chapter 300, Provider](#)

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[Participation Requirements](#) of the BMS Provider Manual.

Documentation must also include a physician/psychiatrist's order for admission, the results of the evaluation which establishes medical necessity for this level of service and the West Virginia Medicaid MCM-1. A permanent clinical record maintained in a manner consistent with applicable state and federal licensing regulations and agency record keeping policies. The clinical record is an essential tool in treatment. It is the central repository of all pertinent information about each member. It provides an accurate chronological accounting of the treatment process: assessment, planning, intervention, evaluation, revision, and discharge. Clinical records must be complete, accurate, accessible, legible, and organized. Records must contain five broad categories of information; Administrative, Assessments, Treatment Planning, Therapeutic Interventions, and Medications. The following sections identify the information that must be located in the record for each of these categories.

531.7.1 Administrative

This portion of the record contains all information related to the West Virginia Medicaid member's identification. It must include, at a minimum, a copy of the member's birth certificate and/or social security card, a recent photograph of the member, a copy of any legal documents verifying custody or guardianship of the member when the responsible party is anyone other than the members' legal parent(s). The name, address and phone number of the party bearing legal responsibility for the member must be clearly identified, along with his/her relationship to the child, e.g. "mother", or "paternal aunt, legal guardian". If the member is in the custody of the West Virginia Department of Health & Human Resources (DHHR), the county of custody must be specified and the caseworker identified as an agent of DHHR. The original MCM-1, with physician/psychiatrist signature/date and supporting documentation that establishes medical necessity for this level of service must be contained in this section of the record and available for review.

531.7.2 Documentation of Assessments

This portion of the record contains information gathered through history taking, observation, testing and examination of the member. It must include, at a minimum, all assessments identified as necessary in [Section 531.3.5, Assessment](#) of this chapter. Assessments must be updated as needed to provide current and continued treatment planning and provision of therapeutic services.

531.7.3 Treatment Planning

This portion of the record contains the individualized multi/interdisciplinary treatment plan, as well as all reviews and revisions. It must be noted that the treatment planning process is intended to take place in a multi/interdisciplinary forum where many points of view may be expressed and consensus reached, rather than through a process of serial communication among professionals. Treatment planning documents must reflect the collaborative nature of the process. The treatment team will meet to staff each member and review/revise his/her treatment plan as often as necessary to provide optimum treatment but at least once during the first 14 days following admission, again prior to the conclusion of the first month of stay, and monthly thereafter.

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531.7.4 Therapeutic Interventions

All interventions attempted/provided during the course of the West Virginia Medicaid member's treatment must be appropriately, accurately, and legibly documented. Documentation for individual services must include at a minimum:

A. Psychotherapy Notes

Essential elements that must be documented for each therapy session are as follows:

- The date and time of the session (time in and time out);
- The type of therapy (individual, family or group);
- The person(s) participating in the session;
- The length of the session;
- The goals of the session with the member;
- Clinical observations about the member (demeanor, mood, affect, mental alertness, thought processes, risks, etc.);
- The content of the session;
- Therapeutic interventions attempted and the member's response to the intervention(s);
- The member's response to any significant others who may be present in the session;

The outcome of the session;

- A statement summarizing the member's degree of progress toward the treatment goals;
- Periodic (at least monthly) reference to the member's progress in relation to the discharge criteria; and the estimated discharge date; and,
- The signature (and printed name, if needed for clarity) of the therapist.

Monthly summaries are not acceptable in lieu of psychotherapy session notes.

B. Milieu Therapy Notes

Milieu notes must present a clear picture of the member's participation and interactions in the therapeutic community. Milieu notes for each day should describe the West Virginia member's actions, staff interventions, and the West Virginia member's response to those interventions. Milieu notes are completed by direct care staff. If a checklist is used, it must be accompanied by a brief narrative. Milieu notes must be behaviorally focused. Behavior and events must be described rather than labeled. For example:

- Behavior labeled: member was oppositional;
- Behavior described: member refused to make up bed when asked.

Milieu notes must be maintained in a professional manner and must accurately document any communication between staff and the member. The notes should emphasize the member's level of involvement and collaboration in his/her own treatment.

C. Community Meeting Notes

Participation in community meetings must be documented for each member and a brief narrative maintained for each community meeting describing the goals and achievement.

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531.8 RECORDS MAINTENANCE

Clinical records must be maintained for a period of five years from the date of discharge. The facility must ensure that the clinical record is not lost, destroyed, or put to unauthorized use. The facility must ensure the confidentiality of all information contained in the member's record except when its release is authorized by the member's parent/legal guardian or required by State or federal law.

531.9 SPECIALIZED PROCEDURES/SECLUSION/RESTRAINT

Special procedures, **seclusion and restraint**, must be used as an immediate response only in emergency safety situations ([42 CFR §483.356](#)) when needed to help a member regain control of his/her behavior. At all times, the least restrictive effective intervention must be used. Documentation indicates that the more restrictive techniques, while relieving stress for the adults in charge, usually increase stress for the youths with whom they are applied. The potential therapeutic effects (prevention of self- and other-injury and reinforcement of behavioral boundaries) must be weighed against the counter-therapeutic effects which include loss of dignity, increased feelings of impotence/helplessness, increased resentment/rage towards authority figures, and, for member's in recovery from physical/sexual abuse, the subjective experience of re-enacting their victimization.

531.9.1 Staff Training

When a facility provides for the use of seclusion/restraint, all staff who have direct member contact must have prior education, training, and demonstration of knowledge of the proper and safe use of seclusion/restraint **and** alternative techniques/methods for handling the behavior, symptoms, and situations that traditionally have been treated through seclusion and restraint. Training in the application of physical restraint must be a professionally recognized method which does not involve restraining a member in a face-down or spread-eagle (legs apart) position.

531.9.2 Member/Parent Notification

When a facility provides for the use of seclusion/restraint, the facility must inform, with documentation evidence, the prospective member, and the parent/guardian at the time of admission of the circumstances under which these special procedures are employed. In the event that a member requires either seclusion or restraint, the PRTF must notify the parent/guardian as soon as possible, but no later than 24 hours after the initiation of the procedure. Documentation must include notification was provided with date and time of notification and the name of the staff person providing the notification. ([42 CFR §483.366\(a\)](#))

531.9.3 Types of Seclusion and Restraints

Seclusion is the involuntary confinement of a member in an area, including rooms without locks or doors, from which they are physically prevented from leaving. It is used to ensure the physical safety of the member or others and to prevent the destruction of property or serious disruption of the milieu.

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Restraint is the restriction of a member's freedom of movement or normal access to their body through physical, mechanical, or pharmacological means, in order from the least to the most restrictive method. It is used to ensure the member's physical safety.

- **Personal/Physical Restraint** is the restriction of a member through human physical action using a standard technique or method designed and approved for such use. It is used to prevent a member from causing harm to self or others or to prevent destruction of property.
- **Mechanical Restraint** is the restriction of a member through the use of any physical or mechanical device, material, or equipment attached or adjacent to the member's body that they cannot easily remove.
- **Pharmacological Restraint** is the limited use of a medication, which is not a standard part of the member's treatment regimen, to control or alter the member's mood or behavior or to restrict freedom of movement on a short term basis. Pharmacological restraint is used to ensure the safety of the member or others through a period of extreme agitation when less restrictive measures have not been effective. Pharmacological restraint may be initiated only by medical staff acting on a physician's/psychiatrist's orders. At the time of the order, the physician/psychiatrist must identify a specific time when the procedure is expected to end (i.e., the expected duration of the medication's effects).

Medication Adjustment refers to the process of medication reduction attempts including anti-psychotics, hypnotics, anti-depressants, narcotics, sedatives, and all schedule II drugs. Medication adjustment is not considered to be a special procedure. When an additional physician/psychiatrist order is provided to increase a member's routine medication in a *non-routine way* to help the member through a period of heightened stress or agitation, e.g., ordering the administration of an extra dose (usually in a lower amount) of the same (or similar, from the same class) medication that is already part of the member's treatment program, or ordering that the regular medication be administered sooner than the routine time, without making a permanent change in the member's treatment plan. When physician/psychiatrist orders for medication increase due to a period of heightened stress or agitation up to three times in a 30 day period, the physician/psychiatrist must determine if the increase in medication needs to become a change in the member's medication regime. If this does not occur then the medication must be considered a pharmacological restraint and the treatment plan must be updated. Unlike medications administered for the purpose of pharmacological restraint, medication adjustments are not sedating, are only administered orally, and must be taken voluntarily by the member (and in some cases may be requested by the member).

531.9.4 Appropriate Use

Seclusion or restraint must be used only in situations where less restrictive interventions have been attempted and determined to be ineffective. Documentation in the record must reflect the attempted use of less restrictive interventions date/time/signature of staff responsible for use of the interventions. Neither procedure may be used as a method of coercion, discipline, or retaliation as compensation for lack of staff presence or competency, for the convenience of staff in controlling a member's behavior, or as a substitute for individualized treatment. ([42 CFR §482.356\(a\)\(1\)](#)) Any use of seclusion or restraint must be:

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- In accordance with the member's treatment plan (if the treatment plan does not provide for the use of seclusion/restraint prior to its use, the plan must be modified within one working day of the first occurrence)
- In accordance with the policy and procedures restraint/seclusion may only be applied by staff who have been trained and approved to use such techniques ([42 CFR §482.356\(a\)\(3\)](#));
- Implemented in the least restrictive manner possible ([CFR §483.364\(b\)\(2\)](#));
- In a room where the member will be constantly viewed and monitored, that is safe and sanitary, with adequate lighting, ventilation and temperature control;
- All vital signs must be obtained every hour, times 12 hours unless documentation by licensed physician/psychiatrist indicates this can be modified;
- Access to fluids and toilet facilities must be offered and provided hourly with clear documentation of fluids ingested;
- Evaluated on a continual basis and ended at the earliest possible time based on the assessment and evaluation of the member's condition ([42 CFR §483.356\(a\)\(3\)\(ii\)](#)).

531.9.5 Prohibited Practices

Restraint and seclusion must not be used simultaneously. ([42 CFR §482.356\(a\)\(4\)](#))

- Any personal or mechanical restraint of a member in a face-down position is prohibited;
- Any personal or mechanical restraint of a member in a "spread-eagle" (legs and arms apart) position is prohibited;
- Standing or "as needed" (PRN) orders for seclusion or restraint are prohibited. ([42 CFR §483.356\(a\)\(2\)](#))

531.9.6 Procedural Requirements

The following actions are required and must be documented for **any form of special procedure** with the exceptions as noted below. ([42 CFR §483.358\(a\)](#))

- Orders for restraint or seclusion must be by a physician/psychiatrist, or other licensed practitioner permitted by the State Law and the facility to order restraint and seclusion and trained in the use of emergency safety interventions.
- If seclusion or personal/mechanical restraint is initiated verbally by order from a physician/psychiatrist or other licensed practitioner, a verbal or telephone order must be obtained from the physician/psychiatrist or other licensed practitioner and documented in the chart as soon as possible, but no later than one hour after the start of the procedure. If the physician's/psychiatrist's or other licensed practitioner's order cannot be obtained within the one hour, the procedure must be discontinued.

The physician's/psychiatrist's or other licensed practitioner's order for seclusion or personal/mechanical restraint may under **no** circumstance exceed one hour for members younger than nine years of age, or two hours for members nine to 17 years of age and four hours for members ages 18 to 21.

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The staff person responsible for terminating seclusion must be physically present in or immediately outside the seclusion room throughout the duration of the procedure. ([42 CFR §483.364\(a\)](#))

Clinical staff trained in the use of emergency safety interventions must be physically present, continually assessing and monitoring the physical and psychological well-being of the member, and the safe use of restraint throughout the duration of the emergency safety intervention. ([42 CFR §483.362\(a\)](#))

Within one hour of the initiation of the emergency safety intervention, a physician/psychiatrist or other licensed practitioner must conduct a face-to-face assessment of the physical and psychological well-being of the member, to include but not be limited to the following:

- The member's physical and psychological status,
- The member's behavior,
- The appropriateness of the intervention measures, and any complication resulting from the intervention. ([42 CFR §483.358\(f\)](#))

Even if the intervention is terminated in less than one hour, the face-to-face assessment must be conducted within 60 minutes of its initiation.

The health and comfort of the member must be assessed every 15 minutes by direct observation, and staff must record their findings at the time of observation.

There must be a policy and procedure for ending the special procedure (except for pharmacological restraint, which has an end-time identified by the physician/psychiatrist or other licensed practitioner), and the member must be made aware of them when the procedure is initiated and at follow-up intervals as appropriate. A physician/psychiatrist or other licensed practitioner must evaluate and document the member's well-being immediately after the seclusion or restraint is terminated. ([42 CFR §483.362\(c\)](#))

No later than 24 hours following the conclusion of the special procedure, the member must be given the opportunity to discuss with all staff involved in the procedure the antecedents, emotional triggers, and consequences of his/her behavior and any learning that occurred as a result of the intervention. ([42 CFR §483.370\(a\)](#)) The goal is to enable the member to understand the precursors to loss of control and to rehearse acceptable means of handling frustration and emotional distress.

Within 24 hours after the use of restraint or seclusion, documentation must indicate that all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, conducted a debriefing session that included, at a minimum, a review and discussion of the emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention, alternative techniques that might have prevented the use of the restraint or seclusion, the procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and the outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion. ([42 CFR §483.370\(b\)](#))

The Registered Nurse or other licensed personnel in the PRTF must notify with documentation of the same, the member's parent/guardian as soon as possible, but no later than 24 hours after the initiation of

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any special procedure. The documentation will include the name/date/time the parent/guardian was contacted and the content of the conversation.

If the member's treatment plan does not already provide for the use of seclusion/restraint, then it must be amended or modified within 24 hours following the first use of any special procedure to reflect the use of that method as a part of the member's treatment.

531.9.7 Documentation of Seclusion/Restraint

Documentation of each incident of seclusion or restraint (personal, mechanical, and pharmacological restraint) will include, but not be limited to, the following information: ([42 CFR §483.358](#))

- The date/time the procedure started and ended;
- The name of the physician/psychiatrist or other licensed practitioner who authorized it, the name(s) of staff who initiated the procedure, were involved in applying or monitoring, and were responsible for terminating;
- The reason the procedure was initiated;
- Which less restrictive options were attempted, and how they failed;
- Criteria for ending the procedure (except for pharmacological restraint, when the end time is identified by the physician/psychiatrist or other licensed practitioner);
- The results of a face-to-face assessment conducted by a physician/psychiatrist or other licensed practitioner within one hour after initiation of the procedure to include:
 1. the member's physical and psychological status,
 2. the member's behavior,
 3. the appropriateness of the intervention measures and
 4. any complications resulting from the intervention;
- The member's condition at the time of each 15 minute reassessment and at the end of the procedure;
- The signature/date of the person documenting the incident;
- A record/documentation of both debriefing sessions (staff/member and staff only) which are required to take place within 24 hours of the use of seclusion/restraint, to include the names of staff who were present for or excused from the debriefing and any changes to the member's treatment plan that resulted from the debriefings. ([42 CFR §483.370\(c\)](#)); and,
- The facility must provide notification of the member's parent/guardian within 24 hours of the initiation of each incident, including the date and time of notification and the name of the staff person providing the notification. ([42 CFR §483.366\(b\)](#)).

This documentation must be part of the West Virginia member's permanent record.

A separate log documenting all episodes of seclusion/restraint in the PRTF must be maintained. ([42 CFR §483.358\(i\)](#)) A multidisciplinary team must review the seclusion/restraint log monthly and must maintain documentation of such meetings in the form of minutes signed and dated by the participants.

Information regarding the number of times seclusion or restraint have been employed by a facility must be included **monthly** as part of the facility's census report.

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531.10 EDUCATION

When caring for children in out-of-home placement it is necessary to provide services outside those identified as meeting medical necessity. These services are considered necessary for the health and safety of the member. Provision of education is a necessary component for all out-of-home placements. DHHR is committed to ensure all members receive educational services and continue educational goals. It is the responsibility of all involved parties to support each member's school placement and educational plan. The West Virginia Department of Education oversees the provision of educational services for West Virginia members.

For information regarding educational standards for West Virginia members, the West Virginia Department of Education can be reached at:

**West Virginia Department of Education
Office of Assessment and Accountability
State Capitol Complex
Building 6, Room 330
Charleston, West Virginia 25305
Telephone: (304) 558-7805
<http://wvde.state.wv.us>**

531.11 TRANSPORTATION AND VEHICLE MAINTENANCE

Transportation of members to and from medical appointments, court appearances, emergency transportation and transportation to family visits is a requirement of the PRTF. It is considered included in the PRTF per diem rate and not separately reimbursable.

- All vehicles must be maintained and operated in a safe manner.
- The facility provides adequate passenger supervision, as mandated by level of care.
- All facility-owned and staff-owned vehicles used for transportation of members **must be adequately covered by vehicular liability and comprehensive insurance** for personal injury to all occupants of the vehicles in the maximum amount allowed recommended by the state in which the facility is located. Documentation of such insurance coverage must be maintained in the facility's records, updated yearly, and readily available for review upon request by DHHR or designee. Staff providing transportation must possess a valid driver's license. Documentation of the license must be maintained in the facility's records and must be validated annually.
- All facility-owned and staff-owned vehicles used for transportation of members have a current license, registration and inspection, as required by the county of residence.
- Age-appropriate safety restraints must be used as required by state and federal law.
- The facility maintains the responsibility for and must be willing to provide transportation to members in the program including transportation to and from all medical/dental appointments, court appearances, emergency transportation, and transportation to family visits.
- No member must access public transportation unless supervised by a staff person or designee of the facility.

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In instances of non-custodial placement, the cost of transportation must be provided by the facility and/or the parent. NEMT cannot be used to transport the child to a facility located out-of-state. The use of NEMT to transport a parent to the facility for visitation with the child is **not** a covered service.

531.12 CLOTHING

Members in DHHR care enter custody through the judicial system, or through the actions or inactions of adults in their lives. Therefore, DHHR urges child care facilities, whenever possible, to afford members the freedom to dress in ways that preserve their dignity, their freedom of expression, and their cultural identity. At the very least, agencies are to refrain from using uniforms, outfits, or identifying visual markers according to the children's disabilities, diagnoses, or referral behaviors. To do so classifies and stereotypes members in ways that add to the stigma associated with being in the custody of the DHHR. Wearing one's own clothing should not be held out as a reward but as a basic right. Additionally, any facility policy which requires uniform or identifying clothing when a member is in a community setting must be eliminated.

DHHR recognizes the need for facilities to utilize dress codes in order to maintain standards of hygiene and decency or to maintain accountability to the member at certain times. If dress code policy exists, it must be explained to the member and the parent/guardian at the time of admission to the facility. DHHR challenges facilities to involve members as much as possible in decisions about reasonable limits of clothing or dress codes.

The facility must supply any special clothing required for the member to participate in a certain program (i.e. camping, hiking, equine therapy, etc.)

The facility is responsible for program and normal age-related personal incidental costs for members in the program such as bedding, diapers for infants, toiletries, and personal feminine hygiene items for females, etc.

531.13 REIMBURSEMENT METHODOLOGIES

BMS will reimburse PRTFs according to the WV Medicaid State Plan, Attachment 4.19-A-2, *Payment for Medical and Remedial Care and Services*.

"Reimbursement will be based on a cost-based retrospective reimbursement system determined by applying the standards, cost reporting periods, cost reimbursement principles, and method of cost apportionment used under Title XVIII of the Social Security Act, prior to the Social Security Amendments of 1983 (Section 601, Public Law 98-21).

At final settlement a provider's total interim reimbursement for the reporting period will be reconciled to total allowable WV Medicaid program cost to an assigned WV State agency. Allowable WV Medicaid program cost will be determined using tests of reasonableness, appropriateness, and medical necessity, as demonstrated in Medicare Regulations. Final settlements will be calculated based upon a provider's filed cost report, appropriate supporting financial documentation, including the State's processing and statistical claims reports. Each provider, which does not request or qualify for a low utilization exemption,

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will be required to file a CMS 2552 cost report with the State. All filed cost reports will be subject to final settlement determinations utilizing internal desk review (un-audited) or full or partial financial audit procedures. Final payment determinations will not consider the incentive and cost sharing amounts provided for in the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 (public Law 97-248).

Development of a facility's initial interim per diem payment rate may be based upon one of the following: a documented host states' Medicaid reimbursement rate, a pro forma cost report, a similarly sized facility within close proximity. For established providers, interim per diem rates may be based upon a provider's most recent settled cost report or host state's PRTF approved rate. For interim cost rate reviews and rate update requests, a provider must submit their most recent fiscal year cost report to WVDHHR-Office of Accountability & Management Reporting Division of Audit & Rate Setting. Providers are responsible for adherence to cost reporting requirements as established in [Chapter 300, Provider Participation Requirements](#)."

531.13.1 PRTF Services Included in the Daily All Inclusive per Diem Rate

The West Virginia Medicaid daily per diem rate provides reimbursement for all medically necessary services identified on the child's treatment plan during the child's placement at the facility.

The PRTF agrees to:

- File appropriate claims for reimbursement in accordance with established BMS procedures. The submission by or on behalf of the PRTF of any claim for payment under the Medicaid program shall constitute certification by the PRTF that the services or items for which payment is claimed were actually provided by the PRTF to the person identified as the West Virginia member;
- File claims that do not exceed the PRTF's daily per Diem rate.
- File claims for items provided to persons who are West Virginia Medicaid members only;
- File claims which are correctly coded in accordance with billing instructions prescribed by BMS and file them in a timely manner in accordance with federal and state regulations; and
- Submit all information, with or in support of the information, in a true, accurate and complete manner.

531.13.2 Prerequisites for Payment

All PRTF's must have a current accurate signed and dated agreement with the Title XIX Medicaid Program on file with BMS' fiscal agent. The PRTF agrees to comply with all applicable rules, regulations, rates and fee schedules promulgated under Federal and West Virginia State laws. The PRTF represents and acknowledges that provider shall obtain a copy of those portions of the regulations and plans which bear on the providers of medical services of the type furnished by the PRTF. The PRTF further agrees to assure that all Medicaid services comply with Title VI of the Civil Rights Act of 1964; services shall be made available without discrimination due to race, religion, color, sex, national origin, age, ancestry, handicap or inability to pay; and all buildings and services shall comply as applicable, with Section 504 of the Rehabilitation Act of 1973 and the American With Disabilities Act (ADA).

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The PRTF agrees to provide methods and procedures as required by Title XIX standards to safeguard against unnecessary or overutilization of care and services and assure that charges will be consistent with efficiency, economy and quality of care.

The PRTF agrees to maintain records in accordance with federal regulations for a period of five years, or three years after audits, with any and all exceptions having been declared resolved by the Department of Health and Human Resources. All supporting documentation for services provided to a member, including education, must be maintained in the individual members' cumulative record for a minimum of five years after discharge from the facility. Files must be stored in a secure manner. Appropriate measures must be taken to ensure the confidentiality of records, as well as safety from physical threats (e.g., fire, flood, etc.).

The PRTF agrees to make all records and documentation available upon request to DHHR, and/or the United States Department of Health and Human Services (HHS). Such records and documentation shall include, but not be limited to:

- Financial Records;
- West Virginia Medicaid member Information;
- Description of Medical Services Implementation;
- Identification of Service Sites;
- Dates of Service for Each Service Component by member, client records, personnel records; and,
- MCM-1

The PRTF agrees, subject to appropriate procedural standards, to assume responsibility for repayments for state and/or federal funds which are subsequently disallowed or deferred by the state or federal government.

The PRTF agrees to participate in evaluations and audits authorized by the West Virginia DHHR and the United States HHS, the Comptroller General of the United States, or their duly authorized representatives relative to evaluation of the quality, appropriateness, and the timeliness of services pursuant to this agreement.

The PRTF agrees that payment and satisfaction of provider claims by BMS will be from federal and state funds, and that any false claims, statements or documents or concealment of material fact by a provider may be prosecuted by the Department under applicable federal or state law.

The PRTF agrees to permit regular medical reviews of each member, including a medical evaluation of the individual's need for PRTF services and to cooperate with state and federal personnel who make inspections, medical reviews and audits.

The PRTF must maintain in the member's medical record all information regarding the Interstate Compact Placement of Children (ICPC) and the 100-A form.

The PRTF's located out of state agree to inform BMS of all deficiencies received by that state's surveying licensing agency including annual and complaint investigations. The PRTF must have documentation of receipt that the member's parent/guardian(s), (non-custodial placement) and DHHR caseworker (custody placement) have received the results of the state surveying agency with deficiencies and complaint

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investigations. The state surveying agency's results will be easily accessible for all DHHR caseworkers West Virginia members/parent/guardian(s), and state personnel at all times and must be kept current.

The PRTF will provide to BMS' fiscal agent the results of the new nationally recognized accreditation when completed/updated.

The PRTF agrees to keep current with BMS' fiscal agent a new signed and dated Attestation/Certification letter by the Facility Director for all programs/sites when changes occur from information previously supplied. A completed attestation statement must be submitted to BMS annually by July 21st.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Child and Adolescent Needs and Strengths Assessment (CANS): A multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

Child and Adolescent Functional Assessment Scale (CAFAS): The CAFAS is the gold standard for assessing a youth's day-to-day functioning across critical life domains (subscales) AND for determining whether a youth's functioning improves over time. The CAFAS is a professionally-rated measurement tool designed to assess the level of functioning in children and adolescents with emotional, behavioral, or substance use symptoms or disorders (Hodges, 1990).

Clinical Pathways: Standardized, evidenced-based, multidisciplinary management plans, which identify an appropriate sequence of clinical intervention, time frames, milestones and expected outcomes.

Guardian: A person who has temporary or ongoing legal responsibility to care for another person or to manage that person's property and affairs, in whole or in part. Courts appoint guardians to protect the interest of minors or legally incompetent adults.

Individualized Education Program (IEP): A written statement for an eligible student with an exceptionality that is developed, reviewed and revised in accordance with Policy 2419: Regulations for the Education of Students with Exceptionalities and IDEA 2004. The IEP is a product of collaboration between a parent or adult student and educators who, through full and equal participation, identify the unique needs of the student with a disability or giftedness and plan the special education and related services to meet those needs. It sets forth in writing a commitment of resources necessary to enable the student to receive needed special education and related services. In addition, the IEP is a management tool that is used to ensure that each eligible student is provided special education and related services appropriate to the student's special learning needs. It serves as an evaluation device for use in determining the extent of the student's progress toward meeting the projected outcomes. The IEP is a compliance/monitoring document that may be used by authorized monitoring personnel from each governmental level to determine whether an eligible student is actually receiving the free appropriate public education agreed to by the parents and the school.

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Interdisciplinary Team (IDT): Team intervention or collaboration on behalf of a specific client or client system, which involves members of various professions or disciplines who develop an individualized plan for the treatment and discharge of each member. The treatment plan charts a course designed to help the member move to a less restrictive level of care as quickly as possible. Discharge planning begins on admission and is carried through on the initial treatment plan and each revision of the plan during the entire stay of the West Virginia Medicaid member.

Interstate Compact on the Placement of Children (ICPC): The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child. The Compact law contains 10 articles. They define the types of placements and placers subject to the law; the procedures to be followed in making an interstate placement; and the specific protections, services, and requirements brought by enactment of the law.

Loco Parentis: Latin word meaning, "in the place of a parent" or "instead of a parent." Refers to the legal responsibility of an adult or institution assuming the relationship toward an infant or minor of whom the adult is not a parent, but to whom the adult or institution owes the obligation of care and supervision of making legal decisions. It refers to an individual who assumes parental status and responsibilities for another individual, usually a young person, without formally adopting that person.

Milieu Therapy: A form of treatment and rehabilitation for people with social and mental disorders who usually live in institutional settings. Treatment is not restricted to individual hours with a professional therapist but also occurs in the total environment of this closed setting, which is also referred to as the "therapeutic community." Those being treated attend group sessions for everyone in the facility, elect their own leaders and provide one another with social and emotional support throughout the day. The entire environment is considered vital to the treatment process.

Multidisciplinary Treatment Team (MDT): A group of individuals from different disciplines who work together to:

- Access, plan and implement a comprehensive individualized service plan for a child involved in a court proceeding either because of abuse/neglect or status or juvenile delinquency proceedings
- Work with a child and family to develop a service plan and coordinate services.

Be the central point for decision making during the child's stay at the PRTF.

MCM-1: A form developed and used by the BMS to meet Federal Regulation (42 CFR) Subpart D, Inpatient Psychiatric Services for Individuals Under the Age of 21 in Psychiatric Facilities or Programs, [42CFR §441.151](#). General Requirements, Inpatient psychiatric services for individuals under age 21, must be certified in writing to be necessary in the setting in which the services will be provided. The West Virginia Medicaid Program utilizes the MCM-1 to meet the requirements for certification of inpatient services in the Medicaid-approved psychiatric facility for individuals under the age of 21 years. The MCM-1 must be certified by an independent team that includes a physician/psychiatrist, has competence in diagnosis and treatment of mental illness, preferably in child psychiatry, and has knowledge of the individual's situation.

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Non-Custodial Placement: The placement of a child into a PRTF by physician/psychiatrist order utilizing the West Virginia Medicaid Card as reimbursement for services provided the child. The attending physician/psychiatrist must provide documentation of treatment and lack of response to treatment. The physician/psychiatrist must certify the need for this level of service and complete and sign the MCM-1. The parent retains legal custody and financial responsibility for expenses related to treatment, supervision, room and board, education, etc. not covered by medical insurance/Medicaid. Non-custodial placements must meet all eligibility requirements for this level of care.

Variance: A written declaration by the Secretary that a certain requirement of this rule may be satisfied in a manner different from that set forth in the rule.

Waiver: A written declaration by the Secretary that a certain requirement may be treated as inapplicable in a particular circumstance.

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Changed first Bullet: A multi-axial diagnosis to: A current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association and/or the current International Classification of Disease and Related Health Problems (ICD) behavioral/mental health diagnosis.	Section 531.3.8 Treatment Team Development	March 23, 2016	October 6, 2015
Entire Chapter	Psychiatric Residential Treatment Facility Services	October 6, 2015	October 6, 2015