

December 1, 2018

The Honorable Edward J. Kasemeyer
Chairman, Senate Budget & Taxation Committee
3 West Miller Senate Building
Annapolis, Maryland 21401-1991

The Honorable Maggie McIntosh
Chairman, House Appropriations Committee
131 Lowe House Office Building
Annapolis, Maryland 21401-1991

RE: 2018 Joint Chairmen's Report – Use of Voluntary Placement Agreements

Dear Chairman Kasemeyer and Madam Chair McIntosh:

The Department of Human Services (DHS) and the Maryland Department of Health (MDH) are required to submit a report to the Joint Chairmen of the Senate Budget and Taxation and the House Appropriations Committees on the Use of Voluntary Placement Agreements in accordance with the provisions of the 2018 Joint Chairmen's Report, pages 225-226.

In accordance with this reporting requirement, DHS is pleased to provide you with the enclosed report written in conjunction with the Maryland Department of Health.

If you should require additional information please contact the Office of Government Affairs at 410-767-8966.

Sincerely,

Lourdes R. Padilla
Secretary

Enclosure

cc: The Honorable Robert R. Neall, Secretary, Department of Health
Sarah Albert, Mandated Reports Specialist



REPORT ON THE USE OF VOLUNTARY PLACEMENT AGREEMENTS

MARYLAND DEPARTMENT OF HUMAN SERVICES

MARYLAND DEPARTMENT OF HEALTH

Completed pursuant to the 2018 Joint Chairmen's Report

December 1, 2018

REPORT REQUIREMENT

This report is hereby submitted in response to the following reporting requirement found under the 2018 Joint Chairmen’s Report, pages 225-226:

And be it further enacted, that \$100,000 of the general fund appropriation made for the purpose of administration in the Maryland Department of Health and \$100,000 of the general fund appropriation made for the purpose of administration in the Maryland Department of Human Services may not be expended until the departments jointly submit a report to the budget committee regarding the use of voluntary placement agreements for youth with a behavioral health disorder or co-occurring developmental disability and behavioral health disorder who are discharged from Residential Treatment Centers. Specifically, for fiscal 2016, fiscal 2017 and fiscal 2018, the report should detail:

- 1) *The number of voluntary agreements requested, approved, and denied;*
- 2) *The reason for denial;*
- 3) *the subsequent disposition of the youth after placement in the Residential Treatment Center distinguishing between those youth approved for a voluntary placement agreement and those denied a voluntary placement agreement;*
- 4) *the extent to which the initial discharge planning recommendation made by the Residential Treatment Center was followed; and*
- 5) *30- day readmission rates to an inpatient hospital setting or Residential Treatment Center, Distinguishing between (a) youth not placed in a setting initially recommended by the Residential Treatment Center and those appropriately placed according to the initial discharge planning recommendation, and (b) youth approved for a voluntary placement agreement and those denied a voluntary placement agreement.*

Source: 2018 Joint Chairmen’s Report, pages 225-226

NUMBER OF VOLUNTARY AGREEMENTS APPROVED & DENIED	REQUESTED,
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The chart below represents the number of Voluntary Placement Agreements (VPAs) requested from FY 2016 - FY 2018.

	FY 2016	FY 2017	FY 2018
Total number of VPAs Requested	152	157	167
Number of VPAs Approved	85	67	64
Number of VPAs Denied	67	90	103

THE REASON FOR DENIAL

The JCR requires information from FY16 through FY18 on the reasons for a VPA denial. Each of the reasons that a youth can be denied for a VPA are listed below.

	FY 2016	FY 2017	FY 2018	Totals (260)

Parents Withdrew/Did not Follow Through	19	29	58	106
Need to exhaust community resources/Referred to community resources.	30	31	26	87
Parents did not submit documentation by psychologist, psychiatrist, or physician/Documentation was not sufficient.	4	8	9	21
Child became a CINA and placed in out-of-home placement.	3	12	4	19
Child transferred to Core Service Agency or another State agency for placement.	5	4	4	13
Parents used private insurance for placement.	5	4	1	10
Child was placed under Autism Waiver.	1	2	1	4

DISPOSITION OF YOUTH AFTER PLACEMENT IN THE RESIDENTIAL TREATMENT CENTER

The JCR requires information from FY16 through FY18 on the subsequent disposition of the youth after placement in the RTC distinguishing between (a) those youth approved for a voluntary placement agreement and (b) those denied a voluntary placement agreement;

A. Youth Approve for a VPA

Seventy-one (71) children were discharged from Residential Treatment Center (RTC) placements between FY 2016 – FY 2018. The chart below shows the percentage of these children for each fiscal year in terms of their disposition after their stay at the RTC. The goal of the VPA is for the youth to receive treatment for his/her disability or mental illness in order to return home. This goal was met each year in over 80% of the cases of children placed in an RTC who were subsequently discharged and reunified with a birth parent, adoptive parent, or a relative.

APPROVED VPAs

	FY 2016	FY 2017	FY 2018
Reunification with family or relative	81%	82%	95%
Step down to Group Home	10%	8%	5%

Independent living	3%	0	0
Child was AWOL	6%	0	0

B. Youth Denied a VPA

MDH initiated a survey of all in-state RTCs that would supply data to address the requests of the JCR, including discharge planning recommendations for all youth for whom they requested a VPA, categorized by approval and denials. RTCs have reported back that they will be unable to submit this data in time for submission of this report.

DISCHARGE PLANNING

The JCR requires information from FY16 through FY18 on the extent to which the initial discharge planning recommendation made by the RTC was followed.

MDH data systems do not collect specific clinical discharge recommendations made by RTCs. As a result, the specific information requested under subsection 4 would need to be obtained directly from RTC records.

Therefore, MDH initiated a survey of all in-state RTCs that would supply information in response to the JCR subsections, including the extent to which an initial RTC discharge planning recommendation was followed in the disposition. RTCs have reported back that they will be unable to submit this data in time for submission of this report.

30-DAY READMISSION TO HOSPITAL OR RTC FOLLOWING DISCHARGE

The data below represents youth who continued to have involvement from the local department of social services after being discharged from an RTC. The following chart represents the number of youth who were initially placed by DHS in an RTC as a VPA, discharged from the RTC, and were subsequently re-admitted to a hospital or an RTC within a 30 day period. The number of youth represented in this chart continued to have local department of social services involvement after their discharge from the RTC.

	FY 2016	FY 2017	FY 2018
Number of Youth	63	63	33
Number of Youth that had a 30 day Re-Admission to an RTC	3	4	1
Number of Youth that had a 30 day Re-Admission to a Hospital	4	4	1

For the subset of youth for whom a VPA was requested as a part of the RTC discharge plan, as noted earlier, MDH has surveyed in state RTCs to collect data that will support comparing 30 day readmission

rates for those approved and denied a VPA. However, the data was not available at the time the report was due.