November 15, 2017

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: 2017 JCR Report – Placement Determinations for Children with Complex Medical Needs

Dear Chairman Kasemeyer and Madam Chair McIntosh:

The Department of Human Services (DHS), the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) is required to submit a report to the Joint Chairmen of the Senate Budget and Taxation and the House Appropriations Committees on the Placement Determinations for Children with Complex Medical Needs in accordance with the provisions of the 2017 Joint Chairmen's Report, pages 205-206. In accordance with this reporting requirement, DHS is pleased to provide you with the enclosed report.

As always, if there are any questions or if additional information is needed, please contact Rebecca Jones Gaston, Executive Director for the Social Services Administration at 410-767-7345.

Sincerely,

Lourdes R Padilla

Lourdes R. Padilla
Secretary

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JOINT REPORT ON THE PLACEMENT DETERMINATIONS FOR CHILDREN WITH COMPLEX MEDICAL NEEDS

MARYLAND DEPARTMENT OF HUMAN SERVICES
MARYLAND DEPARTMENT OF HEALTH
MARYLAND STATE DEPARTMENT OF EDUCATION

Completed pursuant to the 2017 Joint Chairmen's Report

November 15, 2017

REPORT REQUIREMENT

This report is hereby submitted in response to the following reporting requirement found under the 2017 Joint Chairmen's Report, pages 205-206:

AND BE IT FURTHER ENACTED, That $100,000 of the general fund appropriation within the Department of Human Resources (DHR), $100,000 of the general fund appropriation within the Department of Health and Mental Hygiene (DHMH), and $100,000 of the general fund appropriation within the Maryland State Department of Education (MSDE) may not be expended until DHS, DHMH, and MSDE submit a report to the Senate Budget and Taxation Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee detailing:

(1) The processes in place to ensure coordination between MDH, MSDE, DHS, and the hospitals serving children in Maryland to find appropriate community placements for children and adolescents with mental illness, developmental disabilities, or complex medical needs.

(2) The processes in place to ensure coordination between MDH, MSDE, DHS, and the hospitals serving children in Maryland to find out-of-home placements for children and adolescents with mental illness, developmental disabilities, or complex medical needs.

(3) The availability by jurisdiction of the following resources for children and adolescents with mental illness, developmental disabilities, or complex medical needs:

> *(a) dedicated child and adolescent inpatient psychiatric beds in acute general and specialty hospitals;*
> *(b) therapeutic foster care;*
> *(c) residential treatment center services;*
> *(d) transportation assistance; and*
> *(e) any other community-based treatment service designed to meet the needs of children and adolescents with severe mental illness, developmental disabilities, or complex medical needs.*

(4) Recommendations, based on an analysis of the data, to improve community placement processes for children and adolescents with severe mental illness, developmental disabilities, or complex medical needs including availability of treatment options based on the payer, that will facilitate increased community-based care and decrease inpatient lengths of stay beyond what is medically necessary.

Source: 2017 Joint Chairmen's Report, pages 205-206

APPROPRIATE COMMUNITY PLACEMENTS

(1) **The processes in place to ensure coordination between MDH, MSDE, DHS, and the hospitals serving children in Maryland to find appropriate community placements for children and adolescents with mental illness, developmental disabilities, or complex medical needs.**

The process to ensure coordination between MDH, MSDE, DHS and hospitals serving children in Maryland entails the following:

The Maryland Department of Health (MDH) oversees the state hospitals for mental illness and facilities for developmental disabilities, as well as the recovery facilities. MDH has three Administrations that service children and adolescents with mental illness, developmental disabilities, or complex medical needs: the Behavioral Health Administration (BHA) services children with mental illness and other complex medical needs via psychiatric hospitals and recovery facilities; the Developmental Disabilities Administration (DDA) services children with developmental disabilities and other complex medical needs via in-home support services and out-of-home provider operated community homes; and the Prevention and Health Promotion Administration (PHPA) provides funding to local health departments and other grantees to service children with complex medical needs who may also have mental illness and/or developmental disabilities.

A. Hospital Admissions Processes

BHA tracks inpatient hospitalizations of children who are in state custody with either DHS or Department of Juvenile Services, or those youth who are co-committed to more than one state agency. Six (6) psychiatric hospitals currently participate in this voluntary tracking system, which requires the submission of data to track the status of these youth and their timely discharges. The participating hospitals are:

- Brook Lane Hospital
- Medstar Franklin Square Hospital
- Johns Hopkins Hospital
- Sheppard Pratt Health System: Towson and Ellicott City locations
- Spring Grove Hospital Center
- University of Maryland Hospital

These youth may enter the hospital from a foster care placement, a group home, a detention facility, a residential treatment center placement, or another placement location. Participating hospitals strive to report such admissions within 24 hours of the admission.

In addition, BHA tracks youth who are not in the custody of another state agency but who are committed by the juvenile courts to MDH for hospitalization at the Spring Grove Hospital Adolescent Unit.

B. Hospitalization

Upon receiving a report of an admission, BHA informs DHS, who in turn begins discharge planning with the hospital staff for the young person in order to secure a timely discharge and community-based placement. BHA provides both DHS and MSDE with a weekly report of all hospital admissions and discharges and any other relevant updates that may have occurred during the prior week in order to keep the discharge process moving forward. BHA also forwards this weekly report to the DDA.

C. Community Placement

For children who are experiencing particular difficulty being discharged in a timely manner, BHA provides information to both the lead agency and the hospital in order to facilitate communication among all parties to achieve appropriate discharge. Sometimes this involves setting up a conference call between the hospital and lead agency staff to share information to convey the barriers, such as resource availability, transition plan information, etc. In addition, BHA often shares information with the local behavioral health authorities in Maryland's jurisdictions in order to facilitate a mix of ambulatory behavioral health services to support the youth in their community-based placement.

Additionally, hospitals report to BHA on youth who are not in the custody of the State. These are youth who remain in the custody of parents or legal guardians, but for whom timely hospital discharge has become an issue. When this is the case, BHA contacts the local behavioral health authority in the home jurisdiction of the youth to assist with discharge planning. Local Care Teams then coordinate the youth's discharge.

Often the first time that DDA is made aware of a youth is through a contact from a local hospital asking for discharge. In situations where DDA is knowledgeable of the youth and is funding services for that youth, DDA (and/or our Coordinators of Community Support) maintain contact with the hospital staff and work to ensure smooth transitions.

When a youth is in the care and custody of the Local Department of Social Services (LDSS), the local caseworker is responsible for the coordination of services which include identification for appropriate community placements for children and adolescents with mental illness, developmental disabilities or complex medical needs. Coordination involves communication and participation in treatment and/or discharge meetings which allow the hospital to coordinate with the LDSS to determine the most appropriate treatment or therapeutic services based on medical expertise.

When a youth is not known to the LDSS, and a parent refuses to accept custody of the child, the hospital will make a referral to the LDSS Child Protective Service hotline in the jurisdiction where the child resides. The LDSS caseworker will respond to the youth and family and make a thorough assessment of the family's risk and safety factors. The caseworker will visit the youth at the hospital as well as the family in the home. The caseworker will also obtain all relevant information from the treating physicians and mental health professionals. The caseworker will work with the hospital and the family to determine if the youth can be maintained in the home with family preservation services, is in need and meets the criteria for voluntary placement, or if the department needs to file a Child in Need of Assistance (CINA) petition in the juvenile court.

If the family has been determined as in need of family preservation services, the LDSS will service plan with the family and connect the family to all appropriate services in the community to include individual counseling, family counseling, parenting supports, etc.

If it is determined that the youth needs out-of-home placements, the LDSS caseworker obtains a level of placement recommendation as well as supporting documentation from the treating hospital. The supporting documentation could consist of but is not limited to a psychological assessment, medication regime, certificate of need, etc. The recommendations of the hospital will be taken into consideration to support the plan of care for the youth.

The type of placement recommendation could include an Residential Treatment Center (RTC), a therapeutic group home, treatment foster care home, or regular foster care home. Based on the recommendation and all supporting documents, the LDSS case manager will refer the youth to the appropriate providers. The providers will then review the youth's information and make a determination of acceptance or denial into their program. Often, providers will visit the youth in the hospital to complete an assessment before making their determination.

Once an appropriate placement is identified, the caseworker will coordinate the transfer of the youth from the hospital to the placement. Also, the LDSS case worker will notify the appropriate local school system to provide information relevant to education and request a review of educational needs.

Occasionally, if there is not an appropriate placement available or bed space in the recommended level of treatment, there is a delay in the case worker being able to place the youth. When this occurs, the LDSS contacts the central office of Social Services Administration (SSA).

SSA staff provides technical assistance to secure an appropriate placement for youth. SSA collaborates with MDH to include BHA and DDA in order to identify placement barriers and facilitate placements. In the event that all in state placements are not able to meet the youth's needs, SSA will assist the LDSS in locating an out-of-state placement.

OUT-OF-HOME PLACEMENTS

(2) **The processes in place to ensure coordination between MDH, MSDE, DHS, and the hospitals serving children in Maryland to find out-of-home placements for children and adolescents with mental illness, developmental disabilities, or complex medical needs.**

The out-of-home placement and community placement process for ensuring coordination between MDH, MSDE, DHS and the hospitals are similar. Below is additional information which explains how the agencies utilize the local care teams and the specific process that is used to ensure that youth receive appropriate educational services.

Out-of-home placements include settings like foster homes, therapeutic foster homes, group homes, therapeutic group homes, and residential treatment centers. Out-of-home placement decisions are made by considering the best interest of the child and ensuring the child will be in the least restrictive placement setting. When an out-of-home placement is sought in a RTC or other institutional setting that is not considered a community-based placement, then a number of other processes exist to improve coordination. This is particularly true when the child is in the custody of parents and legal guardians rather than the State and is recommended for placement in a residential treatment center placement.

The coordination processes that have been put in place are at the local jurisdictional level and are the responsibility of the Local Care Team, comprised of the local counterparts of the child-serving system: the LDSS, the Local BHA, the DDA Regional office, and the local school system. Other agency partners include the Local Management Boards, Department of Juvenile Services, and other agencies as appropriate.

DDA generally does not take the lead on out-of-home placements. DDA works closely with the lead agency to identify an appropriate placement. There are many youths placed in DDA licensed community children's homes by other funding sources, such as DHS and local school systems

As indicated in section 1, the LDSS caseworker is responsible for the coordination of services which include appropriate identification of out-of-home placements. Coordination involves communication and participation in treatment and/or discharge meetings which allow the hospital to communicate/coordinate with the LDSS to determine the most appropriate placement based on medical expertise. The LDSS will refer the youth to the Local Care Team (LCT) if there is a functioning LCT in the youth's jurisdiction. If there is not a functioning LCT, the caseworker will collaborate with the local community partners such as the core service agency, in order to plan for service delivery of both immediate needs and therapeutic planning.

When a youth is in the care and custody of the LDSS, the local caseworker is responsible for the coordination of services which include identification for appropriate community placements for

children and adolescents with mental illness, developmental disabilities, or complex medical needs. Coordination involves communication and participation in treatment and/or discharge meetings which allow the hospital to coordinate with the LDSS to determine the most appropriate treatment or therapeutic services based on medical expertise.

When a youth is not known to the LDSS, and the parent is unwilling or unable to accept custody of the youth, the hospital will make a referral to the LDSS Child Protective Service hotline at the time that the youth is ready for discharge. The LDSS caseworker will respond to the youth and family and make a thorough assessment of the situation. The caseworker will visit the youth at the hospital as well as the family in the home. The caseworker will also obtain all relevant information from the treating physicians and mental health professionals. The caseworker will work with the hospital and the family to determine if the youth is in need and meets the criteria for a voluntary placement and meets the criteria for, or if the department needs to file a CINA petition in the juvenile court.

If it is determined that the youth needs out-of-home placements, the LDSS caseworker obtains a level of placement recommendation as well as supporting documentation from the treating hospital. The supporting documentation could consist of but is not limited to a psychological assessment, medication regime, certificate of need, and similar materials. The recommendations of the hospital will be taken into consideration to support the plan of care for the youth.

The type of placement recommendation could include a RTC, a therapeutic group home, treatment foster care home, or regular foster care home. Based on the recommendation and all supporting documents, the LDSS case manager will refer the youth to the appropriate providers. The providers will then review the youth's information and make a determination of acceptance or denial into their program. Often, providers will visit the youth in the hospital to complete an assessment before making their determination.

Once an appropriate placement is identified, the caseworker will coordinate the transfer of the youth from the hospital to the placement.

SSA staff provides technical assistance to secure an appropriate placement for youth. SSA collaborates with MDH to include BHA and DDA in order to facilitate placements. In the event that all in-state placements are not able to meet the youth's needs, SSA will assist the LDSS in locating an out-of-state placement.

Currently, SSA and MDH (BHA and DDA) have weekly conference calls to discuss any youth that is awaiting placement. The purpose of the scheduled calls is to identify any barriers to placements and ensure youth are not remaining in hospitals when it is not medically necessary.

Education Coordination for both Community Based and Out-of-Home Placements

Although MSDE is not a child placing agency, they are required to ensure that each youth receives the most appropriate education. To ensure that every youth receives an appropriate education, MSDE works collaboratively with DHS, MDH and the hospital community to complete the following processes:

- The child care agency worker notifies the appropriate Local School System (LSS) nonpublic supervisor and requests an Individualized Education Plan (IEP) team.
- The IEP team convenes to consider the individual needs of the student, any updated information, the least restrictive school environment for the delivery of educational services, and identifies an appropriate provider for the educational services when a nonpublic placement is needed. The LSS makes educational referrals and placements in accordance with the team decision.
- The appropriate LSS of service for the child being placed in a community based living arrangement (i.e., foster home group home) is the LSS of location for the living arrangement. This LSS is responsible for the provision of a Free Appropriate Public Education (FAPE) in accordance with Maryland Education Article §4-122 and Individuals with Disabilities Education Act (IDEA) while the student is in the out-of-home placement.
- When it is determined that a RTC or an out-of-State placement is needed to address the medical needs of the student, the appropriate LSS is the resident LSS for the student. This LSS is also the service LSS and follows appropriate procedures for ensuring education for the child placed in the RTC.
- The MSDE monitors and provides oversight of the Maryland LSSs regarding the provision of a FAPE for Maryland students regardless of the child's home.
- The Child Placing Agency and the MSDE provide technical assistance to the local case workers as needed.

Child care agencies and MSDE strongly encourage and support a collaborative effort between the local case workers and local school systems. The focus of this local team effort is to provide coordinated monitoring and oversight to the youth's total plan of care which includes residential services, school programs, and community based services.

AVAILABILITY BY JURISDICTION OF RESOURCES

(3) **The availability by jurisdiction of the following resources for children and adolescents with mental illness, developmental disabilities, or complex medical needs:**

Below is a listing of available resources by type of care and service and jurisdiction:

(a) Dedicated child and adolescent inpatient psychiatric beds in acute general and specialty hospitals;

Child and Adolescent Inpatient Beds in Acute General and Specialty Hospitals

Organization	Jurisdiction[1]	Operational Beds for Children and/or Adolescents
Adventist Behavioral Health—Rockville	Montgomery County	36 beds for children and adolescents
Brooklane Hospital	Washington County	37 beds for children and adolescents
Carroll Hospital Life Bridge Health	Carroll County	6 beds for children and adolescents
Johns Hopkins Hospital—Baltimore	Baltimore City	15 beds for children and adolescents
Johns Hopkins Health—Suburban Hospital	Montgomery County	15 beds for ages 5–17 years
Medstar—Franklin Square	Baltimore County	11 beds for ages 11–17 years
Medstar—Montgomery Medical Center	Montgomery County	6 beds for ages 13–17 years
Sheppard Pratt—Ellicott City	Howard County	22 beds for ages 12–17 years
Sheppard Pratt—Towson	Baltimore County	16 rapid stabilization beds for ages 4–12 years & 40 beds for ages 12–17 years
Spring Grove Hospital Center	Baltimore County	10 beds for ages 13–17 years
University of Maryland Hospital	Baltimore City	10 beds for ages 5–12 years

[1] In the case of hospitals, the jurisdiction column represents the location of the facility. The availability of treatment for an individual is not restricted by jurisdiction.

(b) Therapeutic foster care;

DHS contracts with providers across the State. While there is not a contracted provider in every county, contracted providers are allowed to accept referrals for placement from any LDSS around the State. The Provider is responsible for ensuring that they are able to meet the needs of the youth being accepted into the program. Below is a listing of residential child care and licensed child placement agencies across the State that provide services to children and adolescents with mental illness, developmental disabilities, and complex medical needs.

Therapeutic Group Homes[1]

Organization	Jurisdiction	Operational Capacity
The Children's Guild	Baltimore City	24 Total: 16 male beds, 8 female beds
Our Fortress Homes	Baltimore City	8 female beds
Hearts and Home for Youth	Anne Arundel County	8 female beds
Hearts and Home for Youth	Montgomery County	8 female beds
Cedar Ridge Ministries	Washington County	16 male beds

[1] These programs are licensed by BHA, however, BHA does not make placements in these facilities at this time due to financial constraints .

Diagnostic Evaluation and Treatment Program

Provider	Region	Capacity
Arrow Children and Family Ministries	Central Maryland	37
Associated Catholic Charities	Central Maryland	25

The Children's Home	Central Maryland	16

Psychiatric Respite Program

Provider	Region	Capacity
Brooklane	Central Maryland	14

Licensed Child Placing Agencies

The indicated Child Placement Agencies are licensed to provide treatment foster care services. Treatment foster care provides intensive services to a child with a serious emotional, behavioral, medical, or psychological condition. Consistent with the residential child care providers, child placement agencies are located in one jurisdiction, but are able to provide services to any youth from across the State. Below is a listing of private treatment foster care providers.

Provider	Program Type	Jurisdiction	Capacity
ARC Northern Chesapeake Region, Incorporated (The)		Baltimore City, Baltimore County, Cecil, Harford	30 Beds
ARC Baltimore, Inc. (The)		Baltimore County	40 Beds
Arrow Child and Family Ministries of Maryland,		Baltimore County	80 Beds
Associated Catholic Charities, Inc.*	Medically Fragile	Baltimore County	80 Beds (20 Medically Fragile)
Baltimore Adolescent Treatment Guidance Organization, Inc.		Baltimore City	24 Beds
Building Families for Children, Inc.		Howard County	50 Beds

Board of Child Care of the United Methodist Church, Incorporated		Baltimore County	25 Beds
Children's Choice of Maryland, Inc., The		Anne Arundel, Kent, Prince George's County, Wicomico	85 Beds
Children's Guild, Inc., The		Baltimore City	60 Beds
Children's Home, Inc., The		Baltimore City, Baltimore County, Anne Arundel County, Harford County, Cecil County	30 Beds
CONCERN-Professional Services for Children, Youth & Families, Inc. *	Medically Fragile	Anne Arundel County, Carroll County, Calvert County, Charles County, Montgomery County, Prince George's County, St. Mary's County	52 Beds (6 Medically Fragile Beds)
Foundations for Home and Community, Inc.		Baltimore City, Baltimore County, Harford County, Howard County, Prince George's County, & Montgomery County, Anne Arundel County, & St. Mary's County	90 Beds
Good Children In The Making, Inc.		Prince George' s County & Charles County	28 Beds
Hearts & Homes For Youth, Inc.		Montgomery County	24 Beds
Kennedy Krieger Education and Community Services, Inc.*	Medically Fragile	Baltimore City	70 Beds (30 Medically Fragile Beds)
KidsPeace National Centers of North America, Inc.		Prince George's County	40 Beds

Martin Pollak Project, Inc., The		Baltimore City, Baltimore County & Anne Arundel County	80 Beds
Mentor Maryland, Inc.*	Medically Fragile	Baltimore City, Baltimore County, Anne Arundel, Howard, Harford, Prince George's, Montgomery, Kent, Queen Anne, Wicomico	255 Beds (80 Medically Fragile Beds)
The National Center for Children and Families, Inc.		Montgomery County	30 Beds
Neighbor to Family, Inc.		Baltimore City, Baltimore County, Howard County & Harford County	50 Beds
Parker Therapeutic Services, Inc.		Baltimore City, Baltimore County & Harford County	40 Beds
Pressley Ridge, Inc. A/K/A Pressley Ridge		Baltimore City, Baltimore County, Montgomery County, & Frederick County	65 Beds
Progressive Steps, Inc.		Baltimore County	15 Beds
Progressive Life Center, Inc.		Prince George's County & Baltimore City	58 Beds
PSI Services III, Inc.*	Medically Fragile	Montgomery County	58 Beds (10 Medically Fragile Beds)
San Mar Children's Home, Inc.		Washington County	50 Beds
Seraaj Family Homes, Inc.		Prince George's County	20 Beds
WIN Family Services, Inc.		Baltimore City, Baltimore County, Harford County, Howard County, Prince George's County, & Montgomery	95 Beds

		County	
Woodbourne Center, Inc.		Baltimore County	55 Beds
CareRite, Inc.		Montgomery County	15 Beds
***- Serves children with medically complex needs**			

(c) Residential treatment center services

Residential Treatment Services

Organization	Jurisdiction[2]	Licensed Beds[3]	Operational Beds
Chesapeake Treatment Center	Baltimore County	29	29
Jefferson School	Frederick County	53	53
Mann School	Baltimore County	65	63
RICA- Baltimore	Baltimore County	45	45
JLG- RICA	Montgomery County	54	32
St. Vincent's Villa	Baltimore County	95	65
Woodbourne Center	Baltimore City	48	48

(d) Transportation assistance; and

[2] In the case of residential treatment centers, the jurisdiction column represents the location of the facility. The availability of treatment for an individual is not restricted by jurisdiction.
[3] Licensed bed capacity is not an accurate reflection of actual capacity to serve youth. The actual service capacity is captured in the column Operational Beds.

Specific to transportation, the LDSS is responsible for coordinating and ensuring that youth are transported to any medical or therapy visits and/or placement. If the caseworker cannot safely transport the youth from the hospital to the placement, the caseworker would make arrangements to ensure a safe transport; this may include utilizing secure transportation companies. Before the caseworker arranges the transportation for the youth specific to placements, the caseworker must identify an appropriate placement for the youth, so that the youth can be transported directly from the hospital to the placement. This is to ensure the safety and well being of the youth.

Medical Assistance provides transportation to recipients under the Non Emergency Medical Transportation Program in certain circumstances. This service is available to all Medical Assistance participants who have been screened and determined eligible for the service. Families can contact their local health department for assistance.

(e) Any other community-based treatment service designed to meet the needs of children and adolescents with severe mental illness, developmental disabilities, or complex medical needs.

MDH offers a number of additional resources: BHA offers the Intensive Behavioral Health Services for Children and Youth program; PHPA provides Care Coordination and a resource locator; and DDA has proposed to apply for a Medicaid Home and Community Based Waiver for youth family support. Additionally, BHA operates a §1915(i) Medicaid State Plan Amendment [1] entitled "Intensive Behavioral Health Services for Children and Youth." The program may be appropriate for some children with mental illness who meet stringent medical necessity criteria and financial eligibility that does not exceed 150% federal poverty level. Statewide enrollment is approximately 40 individuals although there is no cap on the number of slots allowed in this program.

PHPA's Office for Genetics and People with Special Health Care Needs provides funding to local health departments and other grantees to provide Care Coordination services for children and youth with special health care needs, which includes children with complex medical needs who may also have mental illness and/or developmental disabilities.[2] Care Coordination services facilitate access to health care and social support services, and are provided by a care coordinator who manages and monitors an individual's needs, goals, and preferences based on a comprehensive plan. Care Coordination services include:

- Comprehensive needs assessments;
- Development, implementation, monitoring and regular updates of written plans of care that are based on the needs of child and family;
- Management of external referral processes and follow-up;
- Discharge planning and follow-up after hospitalization to prevent readmission;
- Communication;

- Coordination of cross-provider discussions on care needs and strategies to address them;
- Connecting families to educational and/or financial resources;
- Identifying other needed partners (*e.g.*, subspecialists and community resource providers) and linking them to the plan of care process; and
- Planning for future transition needs and incorporating those needs into the plan of care.

PHPA's Office for Genetics and People with Special Health Care Needs funds Care Coordination services for children and youth with special health care needs through local health departments in the following jurisdictions:

- Allegany County
- Calvert County
- Garrett County
- Queen Anne's County
- Wicomico County
- Baltimore City
- Cecil County
- Kent County
- Talbot County
- Worcester County
- Baltimore County
- Carroll County
- Montgomery County
- Washington County

PHPA's Office for Genetics and People with Special Health Care Needs maintains a Children and Youth with Special Health Care Needs Resource Locator.[3] The following table lists, by jurisdiction and statewide, numbers of resources available to children and adolescents with mental illness, developmental disabilities, or complex medical needs. The notes that accompany the table contain important descriptive and explanatory information about the resource data.

Children and Youth with Special Health Care Needs Resource Locator[4]

Jurisdiction	Mental Illness	Developmental Disabilities	Medically Complex	Total
Allegany	1	3	1	5
Anne Arundel	3	6	1	10
Baltimore Co.	10	7	4	21
Baltimore City	8	5	6	19
Calvert	4	2	2	8
Carroll	2	3	1	6
Caroline	4	6	4	14
Cecil	2	5	4	11
Charles	4	6	3	13
Dorchester	6	7	7	20
Frederick	1	2	1	4
Garrett	1	2	1	4
Harford	3	3	1	7
Howard	3	8	4	15

Kent	5	8	6	19
Montgomery	5	13	5	23
Prince George's	5	11	5	21
Queen Anne's	4	8	6	18
Saint Mary's	5	8	4	17
Somerset	3	5	4	12
Talbot	6	7	5	18
Washington	3	2	1	6
Wicomico	3	7	6	16
Worcester	3	6	5	14
Statewide	*12*	*16*	*11*	*39*
Totals	106	156	98	360

[1] 42 U.S.C. § 1396n
[2] The source of this funding is the federal Title V Maternal and Child Health Block Grant Program.
[3] The resource locator is available online at http://specialneeds.dhmh.maryland.gov/ and by phone at 1–800–638–8864.
[4] The number of resources available, by jurisdiction and statewide, to children and adolescents with mental illness, developmental disabilities or complex medical needs.

Categories used and examples of diagnoses: "Mental Illness" includes depression, bipolar disorder, anxiety disorder, and other mood disorders; "Developmental Disabilities" includes autism, cognitive impairment, cerebral palsy, and developmental delay; and "Medically

Complex" includes multiple disabilities, seizure disorders, cardiac disorders, congenital syndromes, and undiagnosed disorders. Examples of the resources counted under each category are as follows: "Mental Illness" includes Brighter Stronger Foundation, Channel Marker, and Baylife; "Developmental Disabilities" includes The Arc Baltimore, Southern Maryland Community Resources, and Abilities Network; and "Medically Complex" includes The League for People with Disabilities and Kennedy Krieger Institute.

No state or local government agency (*e.g.*, local health departments) resources were counted in the numbers. Some resources are counted in more than one county as they serve one or more areas. Some resources were counted more than once in a county as they served multiple disability categories. Resources that only serve children (under age 18 years) were counted and resources that serve both adults and children were also counted. Resources that offer services to families were counted, as opposed to resources that offer information without services. Hospital services were not counted in the numbers as it can be difficult to determine which jurisdictions are served. Families' ability and desire to travel for the hospital services vary greatly. The numbers only indicate what services are available in that jurisdiction; some have eligibility requirements and are not available to every family (*i.e.*, income limits are disability-specific).

The statewide row is for the resources that serve the entire State**.** These resources are not counted in the individual jurisdiction numbers.

DDA licenses group homes (four or more youth) and alternative living units (three or fewer youth) for Children with the Developmental Disabilities and Medically Fragile Children. The services are funded by MSDE, DHS, and local school systems. DDA has applied for a Family Supports waiver to provide services to families to alleviate crises and support families so that youth can remain in their homes. The new Family Support Waiver services will begin in 2018 and will be capped at $12,000 per year per individual. Services will be available outside of school hours to youth ages 21 and under, who are still in school and on the DDA waiting list.

DDA Providers for Medically Fragile Children

Provider	Region	Capacity
Center for Social Change	Central Maryland	4
Second Family	Southern Maryland	38
Total Quality Residential Services	Central Maryland	3

DDA Providers for Children with Developmental Disabilities

Provider	Region	Capacity
Brotherhood and Sisterhood, Inc.	Southern Maryland	9
Benedictine School	Eastern Shore	4
Community Support Services	Southern Maryland	9
CIS&H	Southern Maryland	16
Creative Options	Central Maryland	14
Community Options	Central Maryland	12
CSAAC	Southern Maryland	15
Bay Shore	Eastern Shore	1
Center for Social Change	Central Maryland	20

Shorehaven	Eastern Shore	43
Dove Pointe	Eastern Shore	5
Chimes	Central Maryland	1
Innovative Services	Central Maryland	8
Arc of Southern Maryland	Southern Maryland	4
Arc of Washington County	Western Maryland	4
Arc of Northern Chesapeake	Central Maryland	4
CHI	Southern Maryland	4
Children's Resources	Western Maryland	5
Total Quality Residential	Eastern Shore	3
Jumoke	Central Maryland	4

RECOMMENDATIONS TO IMPROVE COMMUNITY PLACEMENT PROCESSES

(4) Recommendations, based on an analysis of the data, to improve community placement processes for children and adolescents with severe mental illness, developmental disabilities, or complex medical needs including availability of treatment options based on the payer, that will facilitate increased community-based care and decrease inpatient lengths of stay beyond what is medically necessary.

The hospital community, DHS, MDH and MSDE have developed the following recommendations:

Communication:

a. State agencies will work with the Hospital Community on streamlining the communication process specifically with the hospital and child placing agencies.

b. Provide hospital staff with contact information of all LDSS Directors and Assistant Directors as well as identified SSA staff as point person on youth that experience increased length of stay in hospital settings. Contact information was disseminated to hospital community on November 1, 2017.

c. Interagency meeting quarterly with hospital community to provide communication opportunities on what is working, issues, and to provide opportunities to brainstorm on problematic cases. Initial meeting was held on September 14, 2017. Follow-up meeting will be scheduled in December 2017.

Local Care Teams

d. Expand the use of the Local Care Teams across the state in order to provide service delivery to youth and to communicate regularly with all agencies involved in the treatment of the youth. **Beginning January 1, 2018, the Local Care Teams will be the central point for coordinated care management and as a point of access to services for children and youth.**

e. Provide staff with access to contact information for local care team contacts and local school system supervisors for nonpublic placement offices.

Training

f. Provide training to all stakeholders regarding the role of and access to LCTs across the state in order to provide a collaborative interagency total plan of care service delivery to youth and to communicate regularly with all agencies involved in the ongoing needs and treatment of the youth.

g. Provide Technical Assistance opportunities to hospital staff and agency workers regarding access to education services while in the hospital (Home and Hospital Services) as well as the process for ensuring a smooth transition of educational services for a student entering a new out-of-home living arrangement or entering into a RTC for medical reasons.

Resources

h. Expand the tracking of hospital placements and apply a continuous quality improvement approach at the jurisdictional level on county specific performance in securing timely discharge.

i. Report all cases of hospitalized youth who are in state custody to the local care team immediately upon their entering of the tracking system.

j. Develop and maintain a real-time data system across Departments so that current information is available to all involved.

k. Continue to expand and reassess in-home supportive services and the current licensed children's services to meet the needs of children.

l. The Governor's Office for Children will provide training to LTCs in order to respond appropriately for medically fragile children.

Source: 2017 Joint Chairmen's Report, pages 205-206