

**THE OFFICE OF GOVERNOR
WES MOORE**
GOVERNOR'S OFFICE FOR CHILDREN

**FY 2025 State of Maryland Out-of-Home Placement
Report**

*2025 Joint Chairmen's Report - FY 2026 Operating and Capital Budgets
(Pages 321-323)*

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Executive Summary

Pursuant to the [2025 Joint Chairmen's Report - FY 2026 Operating and Capital Budgets \(Pages 321-323\)](#), the Governor's Office for Children, in coordination with child-serving agencies, prepared this report and a publicly available [data dashboard](#) to document the State's capacity for and utilization of out-of-home placements, analyze the costs associated with out-of-home placements, facilitate an evaluation of statewide family preservation programs, and identify areas of need across Maryland.¹

For the purpose of this report, child-serving agencies provided “served data” for FY 2025 (July 1, 2024 - June 30, 2025). Served data includes all cases that were open at the beginning of the month as well as new cases that were opened during the month. The served data accounts for all children served in out-of-home care regardless of the removal end date. Note that the data reported in the dashboard is static and represents the data on the day it was extracted; action with respect to placements subsequent to that date will not be represented.

Using this information, the key elements of the data are: (*as listed below*):

- 5,723 youth experienced at least one out-of-home placement in FY 2025. This represents a continued downward trend from 5,730 youth in FY 2024; 6,084 youth in FY 2023; 6,381 in FY 2022; and a high of 7,743 youth who experienced a placement in FY 2019.
- 13,562 different placements were made across all child-serving agencies in FY 2025, compared to 12,918 in FY 2024.
- The average number of days a youth spent in placement decreased from 211.58 in FY 2024 to 194.99 in FY 2025. The average daily single-bed cost was \$461 in FY 2025, an increase from \$449 in FY 2024.²
- 324 youth were placed out-of-state at some time in FY 2025, compared to 292 youth in FY 2024. The largest category of youth placed out-of-state in FY 2025 were in a family home (177), the same category is true for FY 2024 where the majority of youth were also placed in a family home (165).
- The number of youth going out-of-state for a hospitalization or non-community based placement in FY 2025 was 125 youth (79 hospitalization placements, 43 non-community based placements, 3 both) compared to 96 youth (57 hospitalization, 38 non-community based placement, 1 both) in FY 2024. Out of state placements as a percentage of total placements increased from 3.5% to 4.0% from FY 2024 to FY 2025.
- Children in need of an out-of-home residential placement were placed within their home county 49.79% of the time in FY 2025, as compared to a rate of 49.77% in FY 2024. The counties with the lowest rate of in-county placements were Dorchester and Somerset.
- There were 867 total placements for 450 youth classified as “Other Placements” in FY 2025 compared to 866 total placements for 408 youth in FY 2024. Other placement is defined as individual episodes of youth who have been on runaway status and/or were not in their assigned placement.

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

² The financial data in the dashboard does not include costs for hospitalizations.

This report and corresponding data dashboard identify the program and service needs for Maryland youth and the strategies each child-serving agency will employ in FY 2025 to develop those resources. Given the importance of data to inform decisions, this report also includes screenshot images of the interactive data dashboard to view the most relevant data. Community resource development and out-of-home placement diversion remain a top priority for all child-serving agencies.

Information on residential child care programs required by Human Services Article § 8-703 previously reported in the Out-of-Home Placement report, can now be found in the forthcoming State Resource Plan, produced by the Department of Human Services.

For more information regarding out-of-home placements, out-of-state placements, one-day counts, and costs associated with out-of-home placements, please refer to the [Appendix](#). To view the publicly available dashboard and its interactive capabilities, please visit [the Maryland State Out-of-Home Placement Data Dashboard](#).

Introduction and Overview

In accordance with the [2025 Joint Chairmen's Report - FY 2026 Operating and Capital Budgets \(Pages 321-323\)](#), this Report serves to document placement trends in Maryland, highlight children's needs, and identify agency initiatives that meet these needs. It also includes strategies for FY 2025 to improve support offerings for children in the State. For more information regarding the data trends and/or the role of each child-serving agency, please refer to the Agency Roles section below.³

The Children's Cabinet remains committed to providing upstream resources that prevent further system involvement and placement out of home in Maryland and out of state. During FY 2025, the agencies invested in programs and initiatives to better support children and their families including: Family Matters, increasing community-based alternatives to divert youth from court-involvement, participating in the Workgroup on Children in Unlicensed Settings and Pediatric Overstays, and providing prospective provider trainings and technical assistance. The Children's Cabinet and the State Coordinating Council (SCC) were re-established along with the Governor's Office for Children in May 2024. Agencies are working in partnership to continue to identify and develop strategies for supporting youth at risk of out-of-home placement and their families. As a result of statewide efforts, the number of youth who experienced an out-of-home placement decreased in FY 2025, a continued trend from recent years.

Agency Roles

³ It is important to note that each agency uses different terminology to define the types of placements available for a youth based on his or her recommended level of care. For this reason, the Report and data dashboard include common terminology that can be used across the agencies for the purpose of consistency and ease of understanding.

Governor's Office for Children (GOC): While not a placing agency, GOC provides key interagency coordination as the Special Secretary chairs the Children's Cabinet and GOC staffs the State Coordinating Council (SCC), which was established through ([Md. Human Services Code Ann. § 8-401-04](#)) to promote interagency collaboration and development of quality educational, treatment, and residential services in Maryland, so that children with complex needs could be served in the least restrictive setting appropriate to their individual needs. The SCC was reinvigorated in 2025. As part of the new launch, the SCC set out to explore areas of achievement and opportunities for improvement among the Local Care Teams (LCT) across the State.

LCTs continue to be an important point of access to services for children and youth. As of January 1, 2018, the Local Management Boards (LMBs) are the administrative home for the LCTs and the LCT Coordinator. Parents, family members, or agencies may make referrals directly to the LCT to seek assistance with: accessing services, developing plans of care for community-based services, and coordinating services from multiple agencies. Families and 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 LCT.

The Children's Cabinet is continuing to allocate \$1.8 million, jointly funded by DHS, DJS, MDH, MSDE to support LCTs' work. Each jurisdiction must use this funding to support the salary of an LCT Coordinator who is administratively housed within the LMB. The Children's Cabinet provides funding for this staff support to the LCTs to ensure that youth with complex needs are connected to local support services.

Department of Human Services (DHS)⁴: DHS provides a continuum of child and family well-being (child welfare) services in Maryland including: Child Protective Services (CPS), Family Preservation Services (FPS)/In-Home Services, Out-of-Home Care Services, and Adoption Services. As Maryland's child and family well-being agency, DHS serves the largest number of children and youth who experience an out-of-home placement, accounting for approximately 90% of children and youth who experienced at least one out-of-home placement in FY 2025. The functions of DHS child and family well-being services are carried out by Local Departments of Social Services (LDSS) across the 23 counties and Baltimore City.

DHS serves more children through its Family Preservation/In-Home Services programs than it does children who experience an out-of-home placement. Family Preservation/In-Home Services are provided to support families who come to the attention of child protective services or to mitigate risks that would require a child to need an out-of-home placement. DHS assesses the risk level for each family using the Maryland Family Risk Assessment, and services are tailored based on the results of the family version of the Child and Adolescent Needs and Strengths (CANS) assessment. When families actively engage with FPS, data from the FY 2025 review demonstrates continued success in preventing maltreatment and reducing the need for out-of-home placements.

⁴ Data provided by DHS to illustrate overall placement trends and should not be considered the sole source of truth due to limitations in validation and categorization.

Research shows, time and again, that family connection is essential to our development. Yet here in Maryland, in 2023 fewer than 1/4 of young people experiencing out-of-home care lived with kin. Data and common sense demonstrate that kin can best care for their loved ones. When we apply an evidence and data-based approach to our practice, we will reverse the unacceptable reality that in Maryland, young people who enter out-of-home care as teens are 40% less likely to reunify with family than their peers across the country.

On October 1, 2024, a new kinship law ([Ch. 429 of 2024](#)) went into effect to help guide DHS' investment in kin, along with out-of-home licensing regulations that meet the unique needs of kinship caregivers. In December 2024, DHS kicked off a kin-first approach to Maryland's out-of-home care practice; an approach that centers young people's family relationships, whether by blood or by choice. This new kin-first approach is called "Family Matters."

Department of Juvenile Services (DJS): DJS is Maryland's second-largest youth-placing agency, continues to strengthen its efforts to address the diverse needs of justice-involved youth, both in out-of-home placements and within their local communities. DJS oversees the supervision, management, and treatment of youth in the juvenile justice system, utilizing objective screening and assessment tools to guide placement recommendations, though the courts retain final authority over placement decisions. To enhance its decision-making, DJS is collaborating with university partners to update and validate assessment tools, ensuring policies and practices are evidence-based, culturally inclusive, equitable, and responsive to youth in its care.

Legislative changes over the past several years, continue to shape DJS's approach to placement and strengthen its commitment to expanding community-based alternatives, providing the courts with rehabilitative and treatment options beyond out-of-home placements.

In FY 2025, DJS began the statewide expansion of services focused on diverting youth from further system involvement and offering robust community-based alternatives. At the start of the calendar year, the Department formalized its Community Resources division, appointing an Assistant Secretary to lead efforts in growing a comprehensive continuum of local services—encompassing both residential and non-residential resources.

Through funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Continuums of Care initiative (through June 2026), DJS, in partnership with the University of Maryland's School of Social Work - Institute for Innovation and Implementation, is conducting a gap analysis and listening campaign. This initiative gathers input from youth, families, judiciary partners, DJS and sister agency staff, and community providers to identify resource strengths, gaps, and collaborative opportunities to strengthen care for Maryland's justice-involved youth.

By early next year, DJS plans to develop localized resource maps to capture available services for pre-adjudicated, adjudicated, and re-entry youth. These maps will help inform future investments and address service needs within communities. In addition, the Department is refining its community-based monitoring of program quality and service delivery, with the goal of being effective stewards of public resources and ensuring improved safety, well-being, and restorative outcomes for youth, families, and communities.

Maryland Department of Health (MDH): MDH plays a critical coordination role in the behavioral health landscape, particularly concerning residential treatment for children and adolescents. While MDH does not function as a care and custody and / or direct placement agency for youth, the Department leverages Medicaid to fund placements in Residential Treatment Centers (RTCs) across the state. This funding mechanism is vital in ensuring that children and adolescents in need of intensive, structured therapeutic environments can access appropriate care. Additionally, MDH directly oversees two Residential Treatment Centers (RTCs): RICA- Baltimore and JLG- RICA. These facilities offer comprehensive services including therapy, psychiatric care, education, and family involvement, aiming to stabilize crises and reintegrate youth into their respective communities. In the context of this JCR, MDH's Behavioral Health Administration (BHA) have historically sought to minimize out-of-home placements by fostering diverse community-based services, prioritizing early intervention and less restrictive treatment alternatives. This strategy expands outpatient, in-home, and crisis intervention programs to support children locally, ensuring residential care is a last resort.

In early 2024, BHA partnered with the Maryland Coalition of Families and Manatt Health to develop a roadmap for strengthening the public behavioral health system. The *Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families* was published in June 2025 to reduce the need for out-of-home placement by improving access to home- and community-based services. BHA is also designing and implementing a full continuum of crisis services for children, youth, and families to ameliorate crises in community-based settings and mitigate the need for emergency department services and more intensive and costly care options.

In FY 2026, MDH is participating in the Workgroup on Children in Unlicensed Settings and Pediatric Overstays ([Ch. 480 of 2025](#)) which will report its findings and recommendations to the Governor and the General Assembly. In addition, regulatory changes will be made the 1915(i) Intensive Behavioral Health Services for Children, Youth and Families State Plan Amendment in collaboration with Medicaid that will improve access to intensive home- and community-based services for youth with a history of inpatient hospitalization, use of emergency departments or crisis services, or at risk of out-of-home placement or placement disruption.

To retain existing RTCs and identify opportunities to attract new RTC providers, MDH rebased RTC provider rates in FY 2022 (effective April 2022) to better support RTCs and address population differences, increasing rebasing frequency and allowing for exceptions. MDH amended COMAR 10.09.29 to raise the daily rate cap from \$750 to \$850 and require rebasing every two to four years, or more frequently if errors or significant cost/behavior changes cause payment inequity. Amended regulations were promulgated August 2023.

In FY 2025, MDH continued the Behavioral Health Hospital Care Coordination Dashboard, which includes: (1) an inpatient psychiatric bed dashboard (updated 3 times/day) to help hospital discharge planners locate available beds; and (2) a crisis bed dashboard which shows the availability of short-term stabilization services. MDH also continued the 211P4 program, which serves as a single access point for emergency department staff to obtain care coordination

services for their most complex behavioral health patients to connect them to other levels of care.

Since February 2024, MDH has piloted the first hospital overstay stabilization program in Maryland at Brook Lane. This program provides seven beds for high-intensity complex youth between the ages of 8-17. It is intended for youth who are overstays at inpatient hospital units or emergency departments and have been accepted into a placement. As such, it serves as a bridge care program for youth to step-down from the hospital environment while waiting for their placement. The program offers daily schooling, therapy three times per week, nightly group activities with a recreational therapist, bi-weekly psychiatric nurse practitioner visits, and weekly individual therapy.

MDH-BHA also launched the state's only high-intensity Residential Substance Use Disorder Treatment for Minors program. The program is specifically designed to provide inpatient treatment for Marylanders under the age of 21. It is based in Baltimore City and provides services to youth statewide, with a daily capacity of 15 beds. The program is overseen by the Montgomery County Department of Health and Human Services and is funded by Maryland's Opioid Restitution Fund and Montgomery County's Opioid Abatement Funds.

In FY 2025, Medicaid funded 162 placements in RTCs for youth who were not under the care of another agency. This represents a 1.13% increase when compared to FY 2024. These youth remain in the care and custody of their families/guardians, but the local behavioral health agency (LBHA/CSA) is available to provide guidance and support regarding the entire process.

Number of youth	RTC Facility
32	Associated Catholic Charities
5	Chesapeake Treatment Center
8	The Jefferson School
46	Regional Institute for Children & Adolescents (RICA) Baltimore
56	Regional Institute for Children & Adolescents (RICA) Montgomery County
15	Woodbourne Residential Treatment Center

MDH is not a placement agency for youth with intellectual and developmental disabilities and cannot place or fund a youth in an out-of-state placement. In-state services are available for youth who meet the Developmental Disabilities Administration's (DDA) eligibility criteria and Medicaid Home and Community-Based Services (HCBS) waiver program eligibility criteria. Youth must qualify through a DDA-operated Home and Community-Based Services waiver program. In FY 2025, these were the Community Pathways, Community Supports, and Family

Supports Medicaid waiver programs.⁵ The Community Pathways waiver is DDA's comprehensive Medicaid waiver program. It offers residential services for youth aged 18 and older, in addition to non-residential services. In FY 2025, the Community Supports and Family Supports waiver programs provided a wide range of non-residential services focused on community-based contexts.⁶ These services are meant to support youth and families in their home, aiming to prevent an out-of-home placement or to support a return home.

Youth over the age of 18, and not in the care and custody of DHS, can access licensed Medicaid group homes for individuals with intellectual and developmental disabilities in a home and community-based setting if they meet eligibility and priority criteria, as well as Medicaid waiver eligibility criteria. In FY 2025, DDA supported 38 youth (ages 18-21) in out-of-home placements, 31 of which were community-based residential placements and seven (7) of which were non-community-based placements in State facilities. These placements were supported by 23 community-based providers and two (2) State facilities.

MDH licenses children's residential group homes for children and youth who have intellectual and developmental disabilities and children who are medically fragile.⁷ These group homes contract with the DHS and the DJS to serve youth who require specific supports.

MDH also licenses adult residential group homes that contract with both the DHS and the DJS to support youth 18 and older who are eligible for, and may transition into, DDA services upon turning 21. This offers a smooth transition to adult services for youth who may have difficulty with transitions.

Maryland State Department of Education (MSDE): Maryland State Department of Education is not a placing agency; however, it provides oversight, supervision, and direction of the Nonpublic Tuition Assistance Program, which is the State aid program for students placed in nonpublic special education schools through the Individualized Education Program (IEP) process. In FY 2025, 18 youth were placed at a nonpublic residential school through the IEP team process.

In addition, MSDE implements Maryland's Medicaid Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder, also known as the Autism Waiver (AW), which is a partnership between MSDE and MDH. MSDE serves as the Operating State Agency (OSA) and, through support from local education agencies (LEA), is responsible for the day-to-day implementation of the AW. MDH is the State Medicaid Agency (SMA) charged with the administration of Maryland's Medicaid Program, including finalizing provider and participant enrollment, and oversight of the AW.

All AW services are provided through a fee-for-service model, which is reimbursed by Medicaid.

⁵ On October 6, 2025, the three Medicaid waivers operated by DDA were consolidated into a single Medicaid waiver program, Community Pathways.

⁶ As of October 6, 2025, these services are provided under the Community Pathways waiver program.

⁷ "Medically fragile child" is defined at COMAR 14.31.05.03B(24).

Residential habilitation services are community-based residential placements for those youth who cannot live at home because they require highly supervised and supportive environments. In FY 2025, there were 32 AW eligible youths receiving residential habilitation services through an approved AW provider agency. Eligible community-based placements include group homes licensed by the Department of Human Services (DHS) or the Office of Health Care Quality (OHCQ) within MDH. No youth placed through the AW is in an out-of-state placement.

Family Preservation Services

The Department of Human Services (DHS) provides Family Preservation services to children and families, in all 24 jurisdictions in Maryland, who are at-risk of child maltreatment and/or out-of-home placement. The purpose of Family Preservation services is to promote the safety, permanency, and well-being of children and their families. In partnership with families, child welfare staff collaborate to strengthen and support families during a critical time in their lives. These services are provided by the Local Departments of Social Services (LDSS). Family Preservation services are evaluated by analyzing a family's risk levels, the rates of maltreatment, and out-of-home placements. Risk levels are measured using the Maryland Family Risk Assessment, a tool administered by caseworkers at the start of services, periodically during service delivery, and at case closure.

This report presents data from state FY 2021-2025 for families who received Family Preservation services. The analysis centers on key indicators such as maltreatment and out-of-home care placements. These measures are used to assess the incidence of maltreatment among children in out-of-home care and those currently receiving or who have recently received Family Preservation services.

For the purposes of this report, DHS measures maltreatment and out-of-home care placement indicators by tracking the number of investigations that result in findings indicating maltreatment, as well as the number of children entering out-of-home care because they cannot safely remain with their families due to abuse or neglect. These metrics are analyzed to evaluate maltreatment occurrences in out-of-home care and among children receiving or recently receiving Family Preservation services.

Detailed data below shows the number of children served with DHS Family Preservation Services.

This report contains data from FY 2021-2025. The data from previous years was updated to include the "All Other" category, which was not included in prior submissions before FY 2024. The source of this information is Child Juvenile Adult Management System (CJAMS), the state's information system of record.

Service Counts for Human Services Family Preservation Services

Table 1 presents a comprehensive count of all Family Preservation service categories delivered during FY 2021-2025. This data includes the total number of cases, children served, and the average number of children per case for both new cases initiated within the fiscal year and ongoing cases carried over from previous years.

Table 1 Families and Children Served and Newly Served, Overall and by Program Type

1A. Total Family Preservation Services (including Interagency Family Preservation)						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Average Number of Children per Case	Cases	Children	Average Number of Children per Case
FY 2021	4,515	9,237	2	3,446	6,882	2
FY 2022	5,390	11,004	2	4,241	8,467	2
FY 2023	5,561	11,326	2	4,463	9,046	2
FY 2024	6,148	13,064	2	5,005	10,567	2
FY 2025	4,807	10,654	2	3,587	8,037	2
1B. Family Preservation Services						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Average Number of Children per Case	Cases	Children	Average Number of Children per Case
FY 2021	4,067	8,321	2	3,106	6,181	2
FY 2022	4,632	9,464	2	3,606	7,201	2
FY 2023	4,774	9,748	2	3,843	7,825	2
FY 2024	5,376	11,508	2	4,376	9,331	2
FY 2025	4,459	9,928	2	3,389	7,612	2
1C. Interagency Family Preservation Services						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Average Number of Children per Case	Cases	Children	Average Number of Children per Case
FY 2021	285	588	2	195	405	2
FY 2022	442	916	2	368	757	2
FY 2023	398	877	2	296	655	2
FY 2024	342	773	2	270	576	2
FY 2025	212	476	2	154	335	2
1D. All Other Family Preservation Services (includes Continuing Protective Services / Kinship Navigators)						
	All Cases Served during Fiscal Year			New Cases during Fiscal Year		
	Cases	Children	Average Number of Children per Case	Cases	Children	Average Number of Children per Case
FY 2021	163	328	2	145	296	2
FY 2022	316	624	2	267	509	2
FY 2023	389	701	2	324	566	2
FY 2024	430	783	2	359	660	2
FY 2025	136	250	2	44	90	2

Between FY 2021-2024, the total number of cases and children participating in Family Preservation Services (FP) and related programs steadily increased. However, in FY 2025, the total number of all Family Preservation cases served fell to 4,807. Although there was a decrease in the total number of children served in FY 2025, the figures remained above the number of children served in FY 2021. Analysis suggests the decline in the total number of children served between FY 2024 and FY 2025 correlates with the overall decline in screened-in Child

Protective Services reports, which serve as a primary referral source for many Family Preservation cases.

Over the past five state fiscal years, there has also been a notable decline in the number of CPS reports screened in, decreasing from 39,600 children in 2020 to 23,957 in 2025. Despite this decrease, among those children and families screened in, a larger proportion are now being served by Family Preservation Services.

Initial internal analysis suggests the reduction in screened-in calls is linked to several factors: an increase in calls that do not meet the criteria for a CPS response, as many families require supportive, community-based services instead of a CPS intervention. DHS is updating the screening policy to further standardize the screening practices across local departments.

Within the service categories of the Family Preservation program areas listed in Table 1, Family Preservation Services (1B) consistently served the largest number of families each year, ranging from 4,067 cases to 4,459 cases over five years, with little fluctuation. Services under Interagency Family Preservation Services (1C), also saw a decline in the number of children served from 773 in FY 2024 to 476 children served in FY 2025. Other services, such as Kinship Navigators and Continuing Protective Services (1D) saw a decline in children served from FY 2024 to FY 2025. These services are crucial in stabilizing families experiencing stress or crisis and preventing unnecessary out-of-home care placements.

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

This analysis evaluates whether family preservation services improve children's lives by examining rates of child maltreatment findings and out-of-home placements. We measure the occurrence of maltreatment and out-of-home placements among participating families.

In Maryland, CPS cases are served through one of two responses: Investigative Response (IR) and Alternative Response (AR). An IR is pursued in higher-risk cases. Investigative Response is a traditional investigation that focuses on forensic evidence and results in a formal finding. An indicated finding of maltreatment means CPS has "credible evidence, which has not been satisfactorily refuted, that child abuse or neglect occurred."

AR manages low-risk reports of child maltreatment and enables caseworkers to customize an approach meeting families' specific needs. AR does not result in a formal finding. In FY 2025, 42% of CPS cases in Maryland were served through AR.

Despite preventative efforts such as Family Preservation, some instances of child maltreatment still result in out-of-home placements while families are engaged in services. Out-of-home placements typically occur when maltreatment is substantiated and the child's safety cannot be ensured in the home. The date of removal marks the start of an out-of-home placement episode.

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

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

Note: the following analysis of out-of-home placements is managed by DHS. While other agencies in Maryland, namely the Department of Juvenile Services, may place or fund out-of-home child placement, this section specifically examines DHS out-of-home placements that involve families who participated in DHS-funded Family Preservation services.

For each of these measures, data is analyzed for the time period during which a family participated in services, and for the one-year period after the case is closed. (See overview in the table below.)

Measure Definitions – Family Preservation Effectiveness

Measure	Timeframe and Methodology	
	During the Service	Within 1 Year of Case Closure
The % of Family Preservation Cases in which a subsequent Child Protective Services investigation yielded a finding that <u>indicated maltreatment</u>	<p>Include the children newly served in a Family Preservation case for each fiscal year, and the observation period for each child is the start of Family Preservation services to the first of either:</p> <ul style="list-style-type: none"> • the Family Preservation services close date; or • 12 months following the start date of Family Preservation services. 	<p>For each fiscal year listed, the children included were newly served during the fiscal year and the Family Preservation case closed within 12 months of the start date of Family Preservation services.</p> <p>In other words, these are the same children as the “During Services” children whose cases closed during the 12-month observation period.</p>
The % of Family Preservation Cases in which a DHS <u>out-of-home placement</u> was necessary		<p>The observation period for each child is 12 months, beginning on the close date of Family Preservation services and ending 12 months later.</p>

The outcome measures defined in the above table consider outcomes within one year of case closure. To establish a baseline, Table 2 illustrates the percentage of family preservation cases closed within one year of opening and the corresponding number of children in those cases.

Table 2 Newly Served Family Preservation Cases and Percent of Cases Closed Within 1 Year

Fiscal Year	All Newly Served Family Preservation Cases					
	Cases			Children		
Newly Served Cases	Newly Served & Closed Within 1 Year	% Closed Within 1 Year	Newly Served Children	Newly Served & Closed Within 1 Year	% Closed Within 1 Year	
FY 2021	3,446	3,319	96%	6,882	6,562	95%
FY 2022	4,241	4,138	98%	8,467	8,231	97%
FY 2023	4,463	4,334	97%	9,046	8,735	97%
FY 2024	5,005	4,805	96%	10,567	10,125	96%
FY 2025	3,587	N/A until FY26		8,037	N/A until FY26	

From FY 2021 to FY 2024, the Family Preservation program demonstrated strong performance with a steady increase in newly served cases and children. New cases rose from 3,446 in FY 2021 to a peak of 5,005 in FY 2024, while the number of children served grew from 6,882 to 10,567 during the same period.

The program consistently achieved high closure rates, with 95% to 98% of cases and children closed within one year, indicating effective and timely service delivery. FY 2022 recorded the highest closure rates, at 98% for cases and 97% for children.

Although FY 2025 shows a decrease in newly served cases (3,587) and children (8,037), the closure data for this fiscal year is not yet available and will be reported in FY 2026. Analysis suggests the decline in the total number of children served between FY 2024 and FY 2025 correlates with the overall decline in screened-in Child Protective Services reports, which serve as a primary referral source for many Family Preservation cases. Overall, the data over the past four years highlights the program's strong performance and efficient service delivery.

Child Protective Services Investigations Resulting in Findings Indicating Child Maltreatment

During the past five fiscal years, the percentage of children who experienced a Child Protective Service (CPS) investigation that resulted in a finding that indicated maltreatment while the family participated in Family Preservation services, ranging from 2%- 3%, as shown in Table 3.

On average since FY 2021, 97% of children who participated in Family Preservation services did not experience a maltreatment finding while participating in Family Preservation services. The data demonstrates that Family Preservation services are likely preventing maltreatment findings or further CPS involvement during and after a Family Preservation service period.

Table 3 Children in Family Preservation Services with Indicated CPS Findings or Out-of-Home Placements, during the Family Preservation case or within one year

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	
	% Children	# Children	% Children	# Children	% Children	# Children	% Children	# Children
FY 2021	3%	254	4%	342	4%	380	1%	120
FY 2022	3%	272	4%	464	5%	494	2%	177
FY 2023	2%	248	2%	571	3%	383	1%	160
FY 2024	3%	331	7%	943	3%	385	2%	269
FY 2025	3%	303	N/A until FY26		3%	357	N/A until FY26	

Table 3 illustrates that a small percentage of children, approximately 4% on average, in all Family Preservation services experienced a finding of maltreatment. Since 2021, an average of 96% of children did not experience such a finding for up to one year after their case closed. Similarly, the rate of out-of-home placement during Family Preservation services remained low, starting at 4% in FY 2021, peaking at 5% in FY 2022, and generally staying consistent in subsequent years. Following case closure, the percentage of cases involving an out-of-home placement was typically lower than during the service period. Notably, an increase in Family Preservation services caseloads has not corresponded with a rise in adverse outcomes, such as indicated findings of maltreatment or out-of-home placements.

Table 4 takes the previous information and breaks it down by the type of Family Preservation service delivered.

Table 4 Family Preservation Services with Indicated CPS Findings or Out-of-Home Placements, during the case or within one year, by Program Type

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					
	% Children	# Children	% Children	# Children	% Children	# Children	% Children	# Children				
FY 2021	3%	230	4%	317	4%	347	1%	105				
FY 2022	3%	246	4%	398	5%	438	2%	156				
FY 2023	2%	215	5%	515	3%	328	1%	134				
FY 2024	3%	308	7%	832	3%	356	2%	221				
FY 2025	3%	290	N/A until FY26		4%	349	N/A until FY26					
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					
	% Children	# Children	% Children	# Children	% Children	# Children	% Children	# Children				
FY 2021	2%	10	3%	17	4%	25	2%	11				
FY 2022	2%	18	5%	43	4%	35	1%	6				
FY 2023	2%	19	2%	35	4%	31	1%	10				
FY 2024	2%	13	7%	51	2%	14	3%	21				
FY 2025	2%	10	N/A until FY26		1%	6	N/A until FY26					
All Other Family Preservation Services (includes Continuing Protective Services / Kinship Navigators)												
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					
	% Children	# Children	% Children	# Children	% Children	# Children	% Children	# Children				
FY 2021	4%	14	2%	8	2%	8	1%	4				
FY 2022	1%	8	1%	23	3%	21	2%	15				
FY 2023	2%	14	3%	21	3%	24	2%	16				
FY 2024	1%	10	8%	60	2%	15	3%	27				
FY 2025	1%	3	N/A until FY26		1%	2	N/A until FY26					

Overall, the data in Table 4 demonstrate generally low rates of indicated CPS investigations and out-of-home placements during services and within one year of case closure.

When families participate in family preservation services, the percentage of children placed in out-of-home care within one year of case closure ranged from 1% to 2%. In FY 2021, 1% of children experienced an out-of-home placement within a year after case closure, with little variation over five years. The percentages suggest that, overall, Family Preservation Services helped reduce out-of-home placement, with up to 98% of families maintaining stability after services ended. We do observe an increase in indicated investigations within one year of case closure over recent years, rising from 4% to 7%. This increase does not have a corresponding increase in out-of-home placements, though we are exploring the dynamics that are driving this trend and any other impacts.

The data for Interagency Family Preservation Services shows a range of 1% to 4% of children placed in out-of-home care during services. The percentage of children with a finding indicating maltreatment while participating in Interagency Family Preservation services remained low at 2% for FY 2021 through FY 2025.

For all other Family Preservation Services, including Continuing Protective Services and Kinship Navigators, the data reflects a lower percentage of children in out-of-home placements during and after participating in Family Preservation services. These services maintained removal figures, ranging from 1-3% year to year, indicating that they provided effective support for children and families, allowing them to stay together without intrusive interventions, such as a removal from the home through judicial intervention.

Overall, the data highlights the continued success of Family Preservation services in preventing out-of-home placements and reducing the need for CPS involvement. The low percentages of out-of-home care placements and findings with indicated maltreatment during and after services indicate that these programs are effectively helping families stay together.

Summary of DHS Family Preservation Report

Family Preservation services are a critical component of meeting the needs of thousands of children and their families. In FY 2025, approximately 10,654 children from 4,807 families received Family Preservation services (Table 1). The continuum of family preservation services are the foundation for DHS' kin-first culture because the data demonstrates that participating in family services ensure families stay safely together.

Community-based services, such as in-home parenting programs, mental health care, and treatment for substance use disorder are offered in partnership with evidence-based providers. While we strive to connect every family with the right services and focus on community-based options, participation is voluntary, and families can choose not to engage. Maryland's CJAMS does not track community-based services provided through Alternative Response.

LDSS staff continue to collaborate with families to achieve positive outcomes through the Integrated Practice Model and Family Team Decision Meetings. Engaging children, youth, and families is a cornerstone of the DHS practice model, which is further supported by community resources and services. Delivering Alternative Response, Family Preservation services, and other family supports are vital to strengthening families and ensuring children's safety at home.

DHS Path Forward

Through the federally funded Family First Prevention Services Act (Family First), Maryland is on the path to transforming child and family well-being services by preventing out-of-home care and emphasizing family preservation and upstream prevention. Family First seeks to prevent out-of-home care and ensure that children remain safely at home. Family First prevention services must be trauma-informed, evidence-based, and be either an in-home parenting program, a substance use treatment program, a mental health program, or provide kinship navigation services. Family First provides federal funding for Maryland to build a system that improves family and child well-being with family-centered, child-focused, and community-based services.

Throughout FY 2025, DHS continued advancing the implementation of Family First. Maryland adopted a range of evidence-based and promising practices, expanded existing programs, and built capacity for new initiatives statewide. Eligible children and families are participating in family preservation services such as:

1. Functional Family Therapy (FFT);
2. Multisystemic Therapy (MST);
3. Parent Child Interaction Therapy (PCIT);
4. Healthy Families of America (HFA); and
5. Sobriety Treatment and Recovery Teams (START).

Functional Family Therapy (FFT) is a short-term, evidence-based therapeutic intervention aimed at improving family dynamics and reducing youth behavioral issues by enhancing communication, problem-solving, and emotional support within the family.

Multisystemic Therapy (MST) is an intensive, family-centered treatment aimed at reducing severe behavioral issues in youth by addressing the interconnected factors within their family, school, and community environments.

Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment that improves parent-child relationships and reduces challenging behaviors in young children by coaching parents in positive interaction and discipline techniques.

Healthy Families America (HFA) is a home-visiting program that supports parents and caregivers of young children through personalized guidance and resources to promote child well-being, positive parenting, and family self-sufficiency.

Sobriety Treatment and Recovery Teams (START) are specialized teams that integrate child and family well-being services with substance abuse treatment to support families affected by

addiction, helping parents achieve sobriety while ensuring child safety and family stability.

DHS partners with the University of Maryland School of Social Work's Institute for Innovation and Implementation to evaluate the effectiveness of Evidence-Based Practices (EBPs).

Evaluation is done through Continuous Quality Improvement (CQI) methods, including "Plan, Do, Study, Act" cycles that help teams test and refine their approaches.

Each LDSS implementing an EBP receives regular data reports (i.e. monthly, quarterly, and annually). These reports track:

- **Utilization:** How often services are used
- **Fidelity:** Whether services are delivered as intended
- **Outcomes:** The impact of services on families

Local implementation teams review this data to guide improvements. LDSS teams also receive technical assistance from experts who specialize in each EBP model.

To promote shared learning and statewide consistency, DHS hosts EBP convenings and learning collaboratives at least twice a year. These sessions include data sharing and peer exchange to support implementation, problem-solving, and continuous improvement. According to the University of Maryland's FY 2025 CQI Report, 459 families received services through EBPs approved in Maryland's Title IV-E prevention plan. The data shows that families who participated in these programs were less likely to experience adverse outcomes at discharge.

Client participation and outcome data points for each EBP model is provided below.

For FFT, MST, and PCIT, outcome data are derived from provider reporting and initial assessment reports, developed in consultation with model experts. The information is then verified by referring DSS and DJS agency staff. These data points are then cleaned by university analysts who aggregate the findings into quarterly reports. The reports are then further reviewed and finalized during quarterly implementation meetings, inclusive of providers, model experts, and DSS and DJS leadership.

For FY 2025, model-specific outcomes for Evidence-Based Programs (EBPs) were as follows:

- 82% of referred families completed Multisystemic Therapy (MST).
- 68% of referred families completed Functional Family Therapy (FFT).
- 97% of families who participated in FFT services had no substantiated or indicated safety-related incidents at the time of discharge.

In FY 2025, all 18 families who received Parent-Child Interaction Therapy (PCIT) services avoided out-of-home placement. Families who did not complete the full PCIT program but received some services generally showed improvement in the Dyadic Parent-Child Interaction Coding System for Traumatized Children (DPICS), which evaluates family factors associated with maltreatment risk and out-of-home placement.

In addition to preventing out-of-home placements, FY 2025 EBP-specific data demonstrates positive outcomes in areas such as family and child well-being, parenting skills, education attainment, and delinquency reduction.

Specifically, among families who participated in MST in FY 2025 (72 families):

- 93% showed improvements in parenting skills and family relations.
- 96% had an improved informal social support network at discharge.
- 100% of the youth participating in MST were living at home.
- 98% were in school and/or working.
- 100% had no new arrests at discharge.

Among families who participated in FFT in FY25 (207 families):

- 98% were regularly attending school or a vocational program.
- 99% remained in the community with natural support
- 98% had no new law violations.
- 93% had no intensification of the referral problem.
- 97% had no substantiated/indicated safety-related incidents at discharge.

DHS remains committed to improving utilization of and expanding access to EBPs in Maryland.

Upstream Prevention

In FY 2025, DHS convened a group of stakeholders to begin designing one or more Community Pathways in Maryland using federal Family First funds and to leverage community based resources. Community Pathways supports Maryland's efforts to strengthen its commitment to working closely with families, building strong community partnerships, and expanding prevention services to better meet the needs of children and families. These pathways allow families to access community-based intervention without direct child welfare services involvement. The Community Pathway approach must be outlined in the state's approved Family First Prevention Plan.

The goal of the convening was to begin drafting a community engagement approach and explore activities aimed at understanding the challenges facing Maryland families. Throughout FY 2026, a Community Pathway Design Team will design and conduct activities to identify the foundational components of a Community Pathway to address those challenges. Once these components are identified, the Community Pathway Leadership Team will lead installation planning activities, building the necessary resources, supports, and infrastructure to prepare for Initial Implementation by September 2027.

Summary and Statewide Strategies

FY 2025 Highlights

In FY 2025, the child serving agencies employed strategies and targeted improvements to enhance community-based and residential services for children in Maryland. The agencies established new laws, addressed program barriers, launched new programs, expanded resources, and provided training, amongst many approaches to serving children more effectively and efficiently.

Governor's Office for Children: In the summer of 2024, the re-invigorated SCC launched an outreach strategy to assess the successes and challenges of LCTs across the State. As part of these activities, the State Coordinating Council:

1. Convened LMB directors and LCT coordinators,
2. Held deep-dive discussions with select, LCTs, one from each region of the State,
3. Held two focus groups with families through the MD Coalition of Families,
4. Met with the MD Hospital Association, and
5. Conducted a statewide survey with LCT team members.

Based on this outreach, the SCC identified areas for improvement for LCTs across the State to better serve youth and families. These improvements include: process and data collection adjustments to streamline activities, increased awareness of state and local resources, and guidance around how to best reach and serve youth and families with complex needs.

The implementation of a new data collection platform and SCC recommendations were reflected in the FY26 Children's Cabinet Interagency Fund (CCIF) Notice of Funding Availability for LMBs and LCTs.

Department of Human Services: The safety and well-being of Maryland's children are DHS' highest priorities. DHS envisions a Maryland where all children are safe from abuse and neglect, thriving in permanent homes, and surrounded by loving families. DHS is committed to relentless and continuous improvement, based on data, and on targeted strategies that improve the agency's (1) people, (2) practice, and (3) policy.

DHS is committed to continuously improving across these core areas and have made the following specific improvements since taking office in 2023. DHS looks forward to partnering with the General Assembly to make these reforms and corrective actions a reality for the children and families it serves.

Key focus areas in 2025 included:

- Prioritizing a kin-first culture through the implementation of Family Matters;
- Expanding the provider continuum;
- Reducing hospital overstays;
- Identifying and implementing additional Evidence Based Programs (EBPs);
- Proactively focusing prevention efforts upstream;
- Advancing well-being and connections for emerging adults; and
- Leadership and professional development opportunities for DHS team members.

Family Matters

Research shows, time and again, that family connection is essential to youth development. Yet here in Maryland, fewer than 1/4 of young people experiencing out-of-home care lived with kin in 2023. The path to better started with believing that kin can care for their loved ones. DHS must continue to invest in kinship caregivers. As the Department continues to apply this simple belief to its practice, DHS will reverse the unacceptable reality that in Maryland, young people who enter out-of-home care as teens are 40% less likely to reunify with family than their peers across the country. We must, we can, and we will do better.

Governor Moore signed [Senate Bill 708](#) which went into effect on October 1, 2024, and is the cornerstone of Maryland's kin-first culture. The law establishes a preference for youth experiencing out-of-home care to live with relatives—including family by choice. It also modernizes Maryland's kinship care, removing outdated language that excluded contemporary concepts of family and updating the statute to reflect how families are formed today. DHS subsequently updated Code of Maryland Regulations (COMAR) chapter titled Kinship Care Program Standards (07.02.09); these regulations went into effect on December 12, 2024. Family Matters is the philosophy driving DHS' shift in strategy and approach—and the approach itself. It is about intentionally weaving together DHS values, goals, policies, and practices that require us to think and operate differently, to change both our agency culture and practice.

In February 2025, the Department launched a new practice to focus on the well-being of emerging adults to end the cycle of "aging out" of foster care. Through deep-dive case reviews for youth aged 14 and older who have been in care for more than two years, DHS aimed to identify and address persistent barriers to permanency. Enhanced transitional planning will prioritize safe housing, workforce development, and the establishment of permanent connections to supportive adults.

Through the Family Matters initiative, DHS moved quickly to implement the state's new kinship law. At the end of October 2025, 31% of kids in Maryland out-of-home care were placed with kin, up from 25% a year earlier, representing approximately 260 additional children living with family by blood or by choice. Additionally, 86% of kinship caregivers are now licensed, which means they can receive additional financial support, compared to 25% last December.

Expanding Provider Continuum

On October 1, 2024, DHS, in partnership with the interagency rates committee and the other child-service agencies, launched comprehensive rate reforms for residential care providers across the state. The new rates reflect our commitment to improving outcomes for Maryland's children experiencing out-of-home care and ensuring that provider partners are adequately resourced to meet the complex and changing needs of youth in care. With the new rates came clear expectations aligned with the Moore-Miller Administration Values and rooted in being responsive, moving urgently, data-driven, heart-led, and challenging the status quo. Specifically, the expectations included:

1. Timely Response to Referrals: DHS expects residential care providers to respond within 48 hours to our placement referrals. DHS commits to being accountable and ensuring that our placement teams are equally responsive. Children experiencing a crisis should not and will not have to wait. Timely responses will be critical to preventing delays in care and ensuring that youth are placed in the most appropriate settings as quickly as possible.

2. Acceptance of Maryland Youth to Prevent Out-of-State Placements: In recent years, too many youth had to be placed out of state, far from their families, communities and support networks. This is unacceptable. With the new rates, we are working with Maryland providers to ensure accountability and enhanced services as part of our provider outreach that prioritizes accepting Maryland youth who meet program criteria and within their organization's provider profile.

3. Innovative and Evidence-Based Solutions: The complex experiences of youth who require out-of-home care require innovative and tailored approaches. We expect providers to utilize the new rate structure to implement evidence-based models and innovative practices that support positive outcomes for youth. In 2025, DHS introduced a standardized Placement Request form that provides uniform information to both providers and Department staff statewide.

As it sought to increase available bed capacity, the Department issued the following solicitations in 2025:

1. Expression of Interest for Child Placement Agencies - released on June 2, 2025, and approved on the September 10, 2025, Board of Public Works agenda.
2. Statement of Need for Residential Child Care - issued on May 27, 2025, and closed on July 4, 2025. There were twelve (12) proposals received and the Department is now working through the licensing process.
3. [Expression of Interest was issued to current Residential Child Care providers](#) on December 12, 2025 and proposals are due on January 19, 2026. They will be required to submit a response in order to receive a contract for the new term, beginning April 1, 2026.

Maryland Department of Health: In FY 2025, MDH continued to increase its provider capacity for in-home support services through the Family Supports Waiver, Community Supports Waiver, and Community Pathways Waiver.⁸ A variety of training opportunities have been made available to MDH-licensed Medicaid providers who provide services and supports to individuals who participate in the aforementioned programs to enhance their skills and expertise.

MDH continued to collaborate with DHS and DJS to identify appropriate MDH-licensed Medicaid residential providers under the Community Pathways Waiver to meet the needs of youth in DHS care and custody, as well as youth in voluntary placement agreements. MDH continues to seek opportunities to improve services, provide resources to providers, and increase provider capacity across all of its Medicaid waiver services.

⁸ On October 6, 2025, the three Medicaid waivers operated by DDA were consolidated into a single Medicaid waiver program, Community Pathways.

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

Maryland is building a continuum of crisis services to ensure that when experiencing an urgent or acute behavioral health need, all Marylanders have Someone to Call, Someone to Respond, and a Safe Place to Be – and once stabilized, warm handoffs are made to ongoing treatment. Maryland has continued to build up the 988 Suicide & Crisis Lifeline, which received 125,000 contacts in calendar year 2024. BHA is working with stakeholders to expand access to mobile crisis services, including 24/7 availability and capacity to provide high-quality crisis response and stabilization services to children, youth, and their caregivers. As of August 2025, 21 jurisdictions have access to 24/7 mobile crisis services for the lifespan. These community-based crisis services are designed to prevent hospital visits and inpatient care, and make lasting connections to ongoing supports and behavioral healthcare.

Enhancement of the crisis continuum also includes a new State-funded training curriculum for all staff of mobile crisis and crisis stabilization facility programs in Maryland. In June 2025 these staff received training on Crisis Support for Marylanders Living with Intellectual and Developmental Disabilities and Acquired Brain Injury. Starting in 2026, mobile crisis staff will receive intensive training in the Mobile Response and Stabilization Services (MRSS) model for specialized crisis response and stabilization with children, youth, and their caregivers.

[Maryland State Department of Education](#): MSDE developed the Maryland School Mental Health Response Program, which partnered with the National Center for School Mental Health at the University of Maryland School of Medicine. The School Mental Health Response Program provides timely support, technical assistance, consultation, professional development, and expertise to local education agencies (LEAs) across Maryland to address student and staff mental and behavioral health concerns. As part of the program, the Maryland School Mental Health Response Team was created. This centralized team includes a director, a child and adolescent psychiatrist, and two clinical mental health specialists. The goal of the team is to enrich and enhance, not replace, the work of site-based student support personnel. All 24 LEAs across Maryland have utilized the Maryland School Mental Health Response Team. Since its inception in 2022, the team has serviced over 1,100 mental and behavioral health requests throughout Maryland. These requests include training and professional learning, general consultation, system consultation, complex case consultation, resource management, and crisis response support.

MSDE also offered three AW prospective provider workshops in FY 2025, reaching over 300 registrants potentially interested in becoming a provider. Technical assistance sessions were offered to those prospective AW providers who expressed interest in applying to become a Medicaid provider or expanding their existing services. Additionally in FY 2025, MSDE and MDH re-evaluated the AW Community Settings Questionnaire (CSQ) and Community Settings Checklist (CSC) to align these documents with the AW participant population and compliance with the Community Settings Rule (CSR). Training was provided to AW Service Coordinators

(SCs), employed by each LEA, on how to complete the CSQ annually for AW participants receiving therapeutic integration (TI) and residential habilitation services to ensure participant rights were protected, they had the ability to make choices, and they had full access to the benefits of community living in the most integrated setting possible.

Department of Juvenile Services: In 2023, 42 youth known to the agency were involved in gun violence, as victims or alleged perpetrators. This alarming number highlighted the lack of programming specifically targeting gun violence prevention. To address this crisis, DJS established the Thrive Academy (TTA), the nation's first program where a juvenile justice agency applies a Group Violence Reduction Strategy specifically focused on youth within the juvenile justice system. In the spring of 2023, the Moore-Miller Administration allocated \$5 million in American Rescue Plan Act (ARPA) funds to DJS to address youth gun violence, by launching TTA. TTA provides intensive, community-based programming for youth identified as being at a heightened risk of involvement in gun violence. Key components of the program include:

- Pairing each youth with a specialized DJS case manager and a life coach with lived experience in the justice system. These life coaches work closely with youth and their families to explain the risks of gun violence, assist in creating life plans, and provide ongoing, 24/7 support.
- Offering a “Suitcase of Supports,” individualized to each youth's needs, which may include:
 - Paid employment opportunities and coaching.
 - Assistance with college or vocational training.
 - Confidential relocation services for youth and families in danger of gun violence.
 - Trauma therapy.
 - Prosocial activity opportunities.
 - Fiscal incentives for participation and achieving milestones.

The Thrive Academy launched in Baltimore City and Baltimore County in September 2023, expanded to Prince George's County in December 2023, and began operations in Anne Arundel County in January 2024. These jurisdictions accounted for 82% of gun violence victims or perpetrators in FY 2023. Thrive providers in each location currently have the capacity to serve 25 youth at a time. DJS is working to expand the program statewide.

Strategies for FY 2026 and Conclusion

Governor's Office for Children (GOC): The Children's Cabinet released a 3-year strategic plan in December 2025, highlighting the State's priorities and top policy recommendations as it relates to children and families. The Cabinet has identified early priorities relating to services for youth at-risk of out-of-home placement, including place-based strategies to addressing child poverty through the ENOUGH Initiative and supporting children with complex or intensive needs through other agency initiatives including Family Matters, increasing community-based alternatives to divert youth from court-involvement through Big Brothers, Big Sisters Community-Based Mentoring, and collaboration with the Consortium on Coordinated Community Supports. In 2026, the Children's Cabinet and State Coordinating Council will

continue to monitor progress, employ and build upon these priorities to ensure that families' needs are being met across the State.

In FY 2026, LCTs will continue to prioritize families and children with an out-of-home or out-of-State placement request or those imminently at risk of out-of-home or out-of-State placement. Additionally, LCTs are encouraged to engage in early intervention and prevention work with children and families. This includes an intentional alignment with the Maryland Consortium on Coordinated Community Supports (Consortium). Because the Consortium is focused on mental and behavioral health needs and this is often what brings families to the LCTs, GOC is working to ensure these two entities are in lockstep out in the community. Areas of collaborations include:

- Integration of asset maps produced by the Consortium communities with local asset maps that the LMBs produce for the LCTs. This will ensure that families are aware of and have access to all local resources at their disposal.
- Ensuring that LCT coordinators attend monthly meetings, coordinated by the Consortium, that highlight various mental and behavioral health service providers available across the State
- Invite someone from the Consortium provider (program manager and/or direct line staff assigned to the case) to LCT meetings.

GOC also wants to ensure coordination with Mobile Crisis Teams, Behavioral Health Crisis Stabilization Center, and Assertive Community Treatment providers and ensure that staff assigned to the case is included in the LCT meeting discussing that child's case.

In FY 2026, LCTs are improving data collection and reporting. LCTs were already collecting some data, but GOC added new metrics to help the Children's Cabinet and SCC better understand gaps in resources and areas of greatest need, to help state agencies better target efforts as well. Examples of new data points include:

- Additional resources requested at the time of referral (housing, food assistance, mental health supports, other community-based services)
- Number of referrals not made and the reason why
- Number of post-referral follow-up contacts attempted and unsuccessfully completed (1-week post-LCT, 1 month, 3 months, etc)

To support the improvement of data collection GOC will provide each LMB/LCT access to Compyle, a case management system software through Clear Impact, to strengthen data collection and expand strong case management practices.

LCTs continue to be an important point of access to services for children and youth and coordinating services from multiple agencies. As agencies are continuing to look for ways to better support families and connect them to resources and services, some agencies are looking for LCTs to have a greater case management role. The current structure and funding for LCTs do not support the increased capacity needed to take on this type of role. GOC and LMB/LCTs will continue to engage in conversation to better understand the constraints locally and identify opportunities to expand the capacity and reach of the LCTs.

Department of Human Services: In FY 2026, DHS will continue to focus efforts on:

1. Fully implementing the Family First Prevention Services Act to build prevention services for children, with an emphasis on ages 0-5;
2. Expanding intervention efforts such as family findings and kinship care supports;
3. Advancing well-being and connections for emerging adults;
4. Building Maryland's licensed provider network; and
5. Enhancing data transparency and modernization.

For more information, [please see this document](#).

Maryland Department of Health: MDH remains committed to finding both short and long-term solutions to the challenges surrounding youth in hospital overstays and youth without an appropriate residential level placement, when that has been determined to be medically necessary and appropriate. MDH successfully completed additional construction at JLG RICA in 2023 for a total of 18 beds, 12 opened in late 2023 with plans to add an additional 6 beds for high-intensity youth with hospital overstays. Of the 12 beds that came on line in late 2023, 6 are designated for high intensity youth and six for the Facility for Children, a program for youth who are court-ordered to the care of MDH for competency attainment services. Since February 2024, BHA has been piloting 7 high intensity "stabilization beds" designed to help reduce some of the delays experienced by youth awaiting residential level placements (RTC and other residential programs). MDH continues to work with its existing RTC providers to problem solve and identify solutions to allow providers to safely accept the most challenging youth on a case-by-case basis. Furthermore, MDH in partnership with DHS, DJS and MSDE, continues to meet weekly to collaboratively resolve the placement challenges for Maryland's most complex youth, regardless of lead agency.

MDH continues to work with its RTC and Medicaid partners to explore efforts regarding rate structure through the behavioral health rate setting study. In an effort to support RTCs, FY2022 & FY2023, Maryland Medicaid successfully submitted two SPAs & COMAR regulation updates to raise the maximum per diem rate, remove language that were deemed disincentive to RTC providers and rebase RTC rates every 2-4 years. Moving forward, RTC rates and maximum per diem rates will be updated annually per COMAR 10.09.29.07.

MDH continues outreach and education efforts to out-of-state RTCs to build relationships and encourage these providers to join the Maryland Medicaid provider network. The Department is investing resources to address out-of-home bed needs and expand diversion capacity through 211P4, Targeted Case Management (TCM), and 1915(i) waiver services. The goal is to improve in-home services so families can keep youth at home or more quickly reintegrate them to the community upon step-down from an inpatient or residential treatment setting.

MDH/DDA is committed to supporting youth and their families so they can remain in their home settings. The DDA-operated Medicaid waiver program, Community Pathways, offers families of youth with intellectual and developmental disabilities a variety of in-home services, including, but not limited to, behavior support services, respite, assistive technology, environmental

assessment and modification, and personal supports. DDA focuses on six areas to meet the needs of people receiving services: Assistive Technology, Self-Determination, Self-Advocacy, Employment, Independent Living, and Supporting Families. DDA has supported providers through the Dual Diagnosis Cohort, as well as through Trauma-Informed Care and Positive Behavior Support training, to meet the needs of people across the lifespan with challenging needs, and will continue to explore ways to support DDA providers working with youth with Dual Diagnoses. DDA will continue to partner with the DHS and the DJS to identify licensed Medicaid providers who support youth in need of out-of-home services via the DDA-operated Medicaid waiver program.

Maryland State Department of Education: MSDE continues to support preventative service initiatives to hold or reduce the need for nonpublic placements. The goal for LEAs is to build capacity for placements. Ongoing technical assistance opportunities are designed to support LEAs and nonpublic special education day and residential schools in enhancing programming for students to ensure effective and individualized service packages. MSDE will enhance cross agency and interagency collaboration and partnership by meeting with Developmental Disabilities Administration (DDA) Children's Services on a quarterly basis. These meetings will focus on oversight of AW/DDA residential providers, including CSC compliance, approval to support children's services, and transition planning to DDA services as applicable. Additionally, MSDE will collaborate with DDA to share information about AW Prospective Provider Workshops and ensure guidance shared with prospective and active residential providers is in alignment with DDA regulations and practices. A focus for FY 2026 is assisting AW providers to obtain the appropriate license to serve children if they do not already have this approval from OHCQ. Additionally, an electronic CSQ Reporting Form and tracking database will be released to AW SCs. This tool will allow for the collection and management of all CSQs Statewide, track assessment violations by category, allow for immediate follow-up and corrective action as applicable, and house all supporting documentation in one central location. Also, in FY 2026, the Maryland School Mental Health Response Team will continue to provide school mental health consultation services, technical assistance, and professional development to LEAs across the state. Data is collected on each encounter with an LEA. The team will continue to analyze the data to identify trends and gain better efficiency in responding to the needs of the LEAs. Some of those needs include complex behavioral case analysis support, implementation of a multi-tiered system of supports, mental health integration, mental health screening, crisis response support, LGBTQIA+ resources, staff wellness, community referrals, data collection, and substance use resources. The program will continue to hold monthly learning community meetings where best practices across LEAs are shared on relevant school mental health topics, trends, and concerns. All materials and resources are shared via an online platform that all 24 LEAs can access and share.

Department of Juvenile Services: The initiatives outlined for FY 2026 reflect DJS's commitment to reducing out-of-home placements through a holistic approach. By expanding the services continuum, strengthening family engagement, and fostering innovative partnerships, DJS aims to ensure that youth have access to the resources and opportunities they need to thrive in their communities and build successful futures. With an additional \$7 million allocated to strengthen the services continuum, DJS is implementing strategic initiatives aimed at keeping youth in their

communities, addressing their needs effectively, and minimizing reliance on residential placements.

DJS is broadening its array of services to support youth at various stages of system involvement. Diversion programming aims to prevent youth from entering the system through accessible, community-based alternatives. Detention alternatives and release supports reduce reliance on detention by offering services that enable youth to remain safely at home. Post-dispositional community programming provides structured interventions within communities as alternatives to residential placements. Re-entry supports facilitate smooth transitions back into communities for youth exiting the system. Additionally, education and workforce development programming equips youth with skills and opportunities to prepare for future success.

Credible messengers, individuals with shared life experiences, are central to DJS's efforts to build trust and foster meaningful connections with youth. This program is being expanded to serve youth participating in Thrive Academy, youth on probation struggling with compliance, and youth charged as adults but transferred back to the juvenile system. To support this expansion, DJS has partnered with the University of Maryland to educate organizations on designing and implementing credible messenger programs and has coordinated with the Interagency Rate Committee to provide technical assistance for securing non-residential service rates.

DJS is emphasizing restorative and community-focused interventions through several key approaches. Restorative response programs collaborate with local partners to promote accountability and repair harm, diverting youth from formal court proceedings. Auto theft diversion programs address youth involvement in auto theft, preventing deeper system engagement. Additionally, DJS is leveraging state and federal funds to support local organizations, ensuring early system youth—such as those in pre-court diversion or Children in Need of Supervision (CINS)—access essential services.

DJS is committed to providing youth with opportunities to gain skills and prepare for their futures. Through partnerships with Workforce Investment Boards, DJS offers year-round and summer job opportunities for youth. In-facility job creation in collaboration with the Department of Natural Resources provides employment for youth who have earned their high school diplomas. DJS is also planning probation and aftercare employment programs that combine education, soft skills training, and apprenticeships.

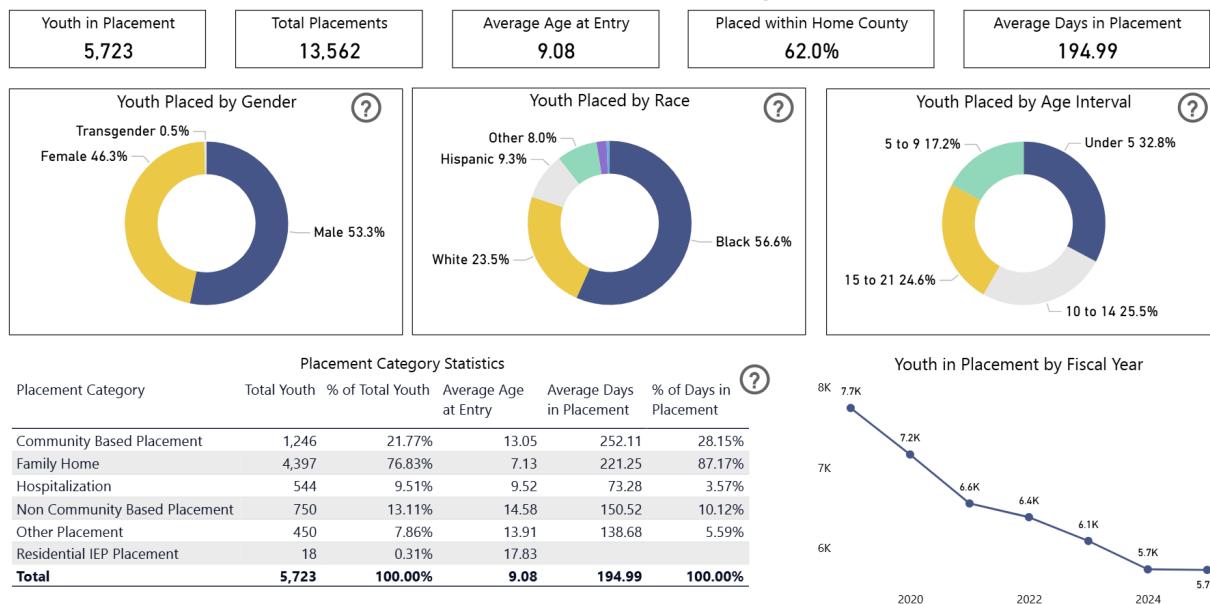
The Governor's Office for Children looks forward to supporting and building upon these strategies with the Children's Cabinet agencies to best meet the needs of children and families in Maryland.

Appendix

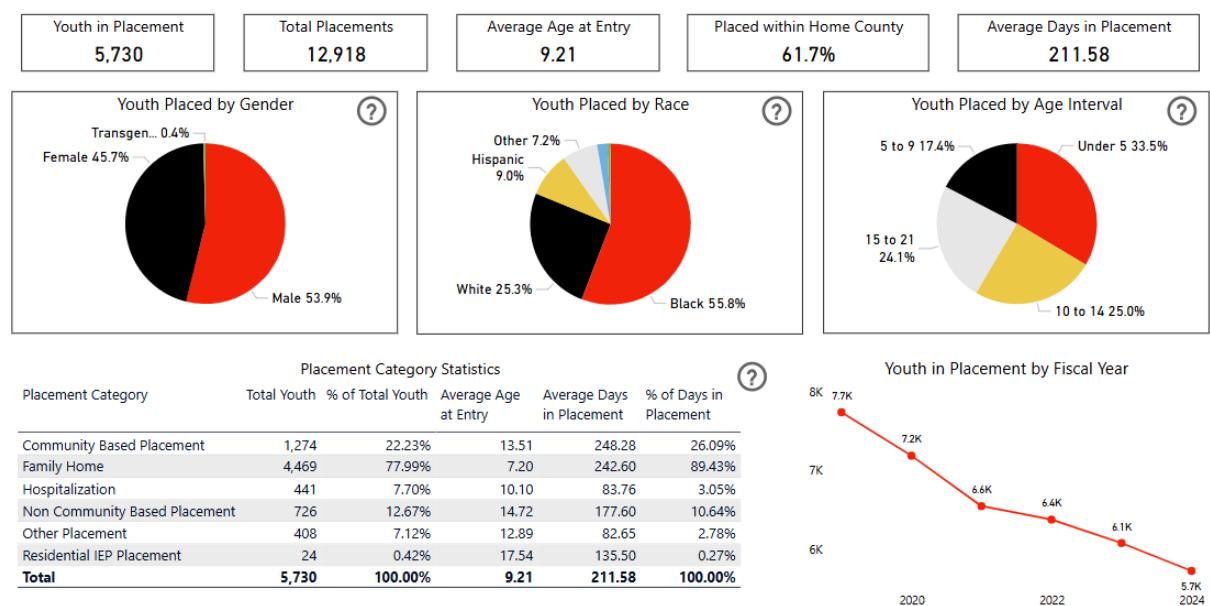
Number of Youth in Out-of-Home Placement for Fiscal 2025, 2024, and 2023

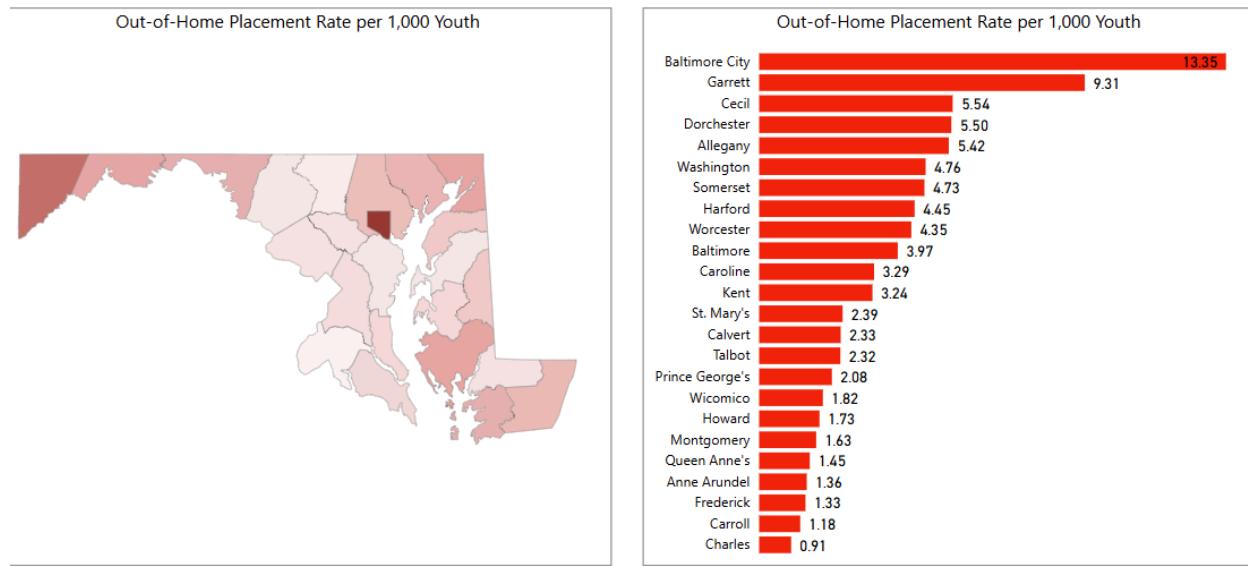
Please refer to the following illustrations showing the number of youth in out-of-home placements for each identified fiscal year.

Number of Youth in Out-of-Home Placement During FY 2025



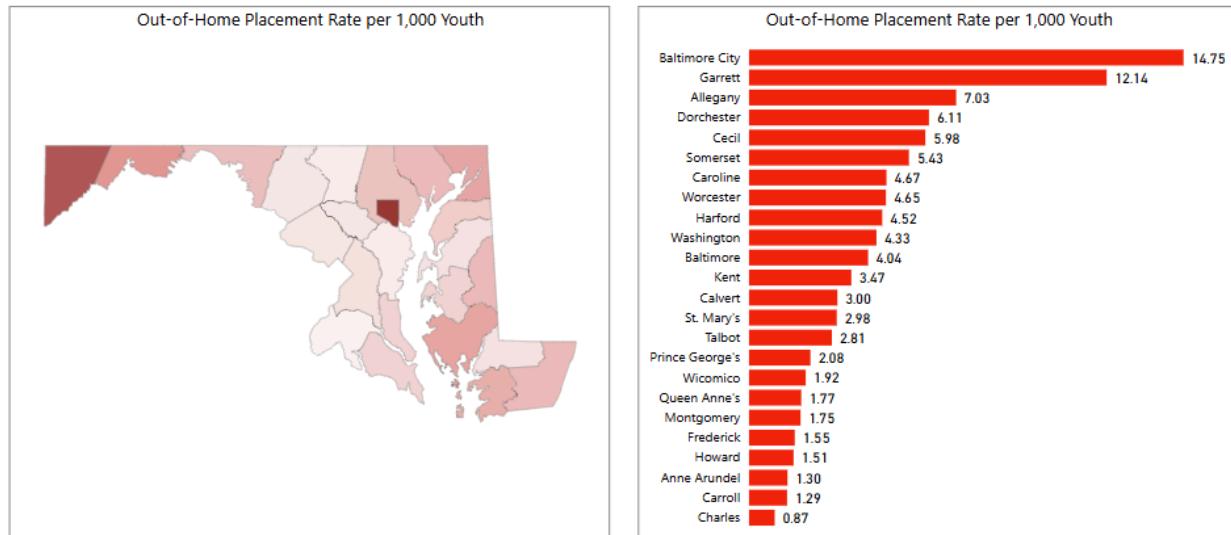
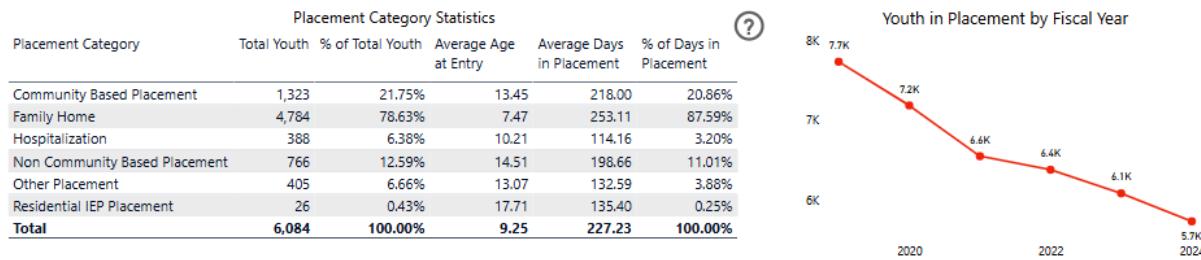
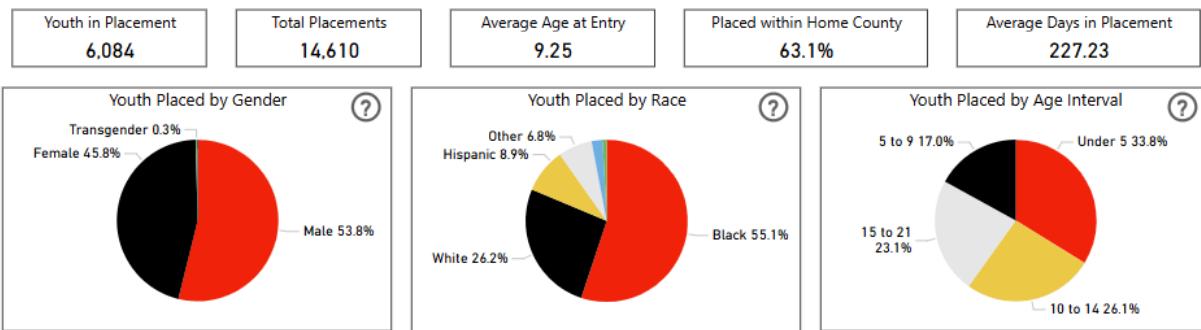
Number of Youth in Out-of-Home Placement During FY 2024





Home County	Youth Home County and Placement County																										
	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	49	7	16	2						2	3	4			1	17	1		2	3	11	4				81	
Anne Arundel	97	13	25	51	9	2	7		4	8	8	7			10	9	9			11	5	3				212	
Baltimore	55	18	432	405	11	12	6	12	5	4	21	10	47	23	46	37	40	2		1	73	22	7	1	882		
Baltimore City	72	23	555	1,405	6	3	9	11	4	6	34	31	56	38	2	68	43	132	1	1	5	1	199	25	6	2	1,965
Calvert	5		6	6			4	28		1	1	3	2		7	3	7		5		7	2				56	
Caroline	1		1	6	18					2									5				1			31	
Carroll	1		3	13	1	2		25		1	2	4		3	1							5				51	
Cecil	3	1	27	28	1	105			4	2	1	11	6	1	3	17	4	1	1	12	5	6				148	
Charles	2	2	5		26					3	1	1	1	1	1	6	6	1	3		2	1				42	
Dorchester	2	6	6	1	1		1	11		2	4		1		5	5	5		3	5	3	2	4		45		
Frederick	1	3	14	15	3		2	2		59	1		1	12	6	4				10	14	1			99		
Garrett	3	3	3							48					6				1	3	4				56		
Harford	6	5	51	55	3	9			4	6	201	5		14	16	7				31	2				296		
Howard	6	2	26	52	2		1	2		3	5	1	66	7	14	14				6	2	1			161		
Kent		3	5		1							6	1						1						14		
Montgomery	16	19	58	72	10	3	2	6	1	2	20	12	2	18	323	29	80	1	1	40	25	1			518		
Out of State		4	4	1					1	1	10			2	2						2				25		
Prince George's	16	17	63	101	2	1	13		1	9	22	16	1	8	78	42	407	5	1	53	9	2			630		
Queen Anne's	2		2	6		1			1	1			1	3	1	1	7		1	1					18		
Somerset		6	7								1	5	1	2	1	5	2			15	1				27		
St. Mary's	1	12	14			7	4	1			10	1	4	2	15	32			10	3				77			
Talbot		4	7	3	1			4				1	1	1	1			9		1					19		
Washington	1	7	23	31		1	1			9	2	2	9	24	10				12	133					186		
Wicomico	1	6	12	9			1		4	4		1	1	6	4			6	6	3	19				54		
Worcester		8	4	1					3				1	4					8	1	24	24			44		
Total	283	174	1,353	2,323	73	142	78	60	43	50	195	163	350	176	15	598	292	748	19	50	24	25	499	270	91	28	5,730

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



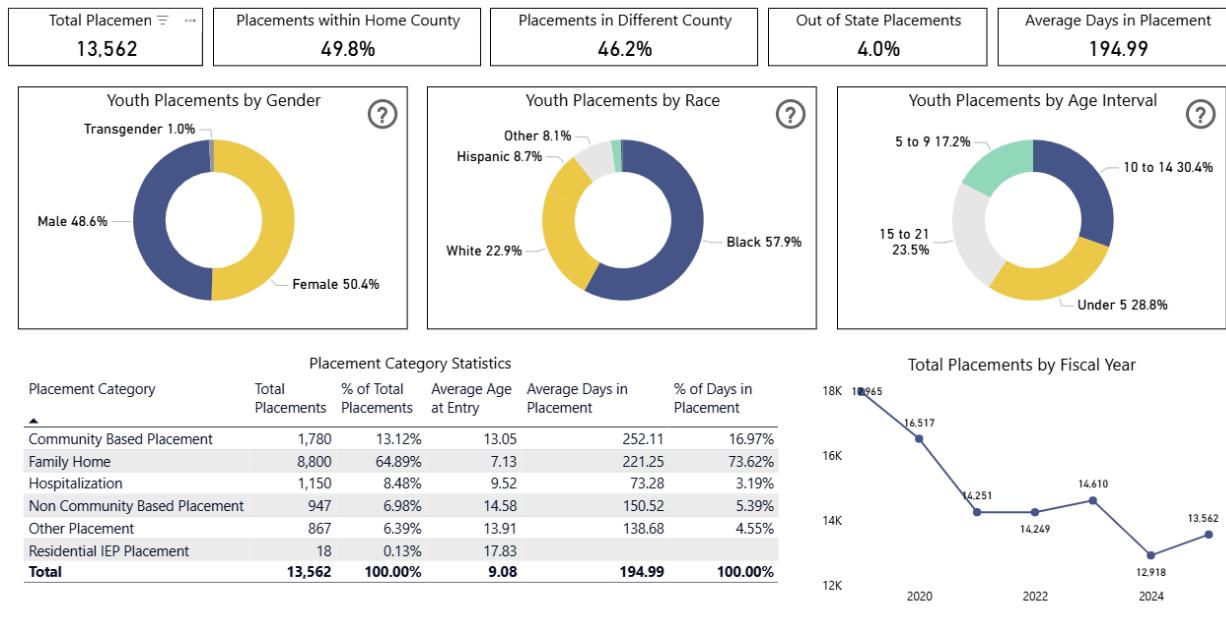
Youth Home County and Placement County

Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	70	9	21		2			2	3	1					19	1		2	3	25	9				105		
Anne Arundel	96	9	22	64	4	2	9	4	5	6	6	5		10	16	14	1			40	7	4	1	203			
Baltimore	39	11	450	398	9	12	8	5	2	5	11	6	53	22	41	36	34	1	2	1	144	28	4	2	899		
Baltimore City	85	22	580	1,536	3	1	9	9	2	8	37	28	42	32	1	74	45	154	1	2	2	332	18	10	1	2,171	
Calvert	3	2	7	8			6	36		1	3	2	2		6	8	11	4			21	3			72		
Caroline			2	4	30				1	1	2			1		2	6		4	18		1	1	1	44		
Carroll	1		9	19	1		1	30			1	1		3		4					9	6			56		
Cecil	2	1	12	25	5	117	2			1	2		17	4	2	2	15	9	1	1		20	4	6		160	
Charles	1	1	5	9			20			1	1	2	2		2	2	7	2			14	1		1	40		
Dorchester	3	8	4	3			2	13	1	4	1	1	2	2	5	5		3	6	13	4				50		
Frederick	1	15	22	1	2	2	8			67	1	1	4		11	7	2				27	11	2		116		
Garrett	10	3	1								65		1			4					5	6			73		
Harford	4	2	46	61	2	9	2				1	6	209	4		14	15	6			30	3			301		
Howard	7	2	27	39	4			1			3	1	65		7	12	17				13	2			141		
Kent			3	5	1				1				11						1	4		2			15		
Montgomery	15	15	43	69	11	5	3	6	1	5	15	5	5	10	362	28	76	1	1	73	19	2			555		
Out of State	1		2						2		6				2	1							1			14	
Prince George's	20	9	62	104	2	4	13		2	5	11	16	1	2	71	35	431	5		133	6	1			631		
Queen Anne's	1		3	5	1	2						1	5	3	3		15		1	3					22		
Somerset	1	1	6	9		1	1	3				2	3	1	1	3		2		9	14	1			31		
St. Mary's	1	12	15		5	7	1				11	3		4	6	11	49			16	3				96		
Talbot		4	5	5	1			2						1	3	1		8	20	2					23		
Unknown			5											1											6		
Washington	10	16	24		2	1	1			5	4	1			11	12	9			25	114				169		
Wicomico	2	5	6	10	1				5	7	1			7	5	5		5		15	3	17	3		57		
Worcester	1	2	7	9					6	1	1			1	1	1		5	7	1	16	26			47		
Total	278	177	1,358	2,471	83	157	84	61	56	63	170	162	352	157	21	639	278	793	36	65	15	29	1,016	245	85	36	6,084

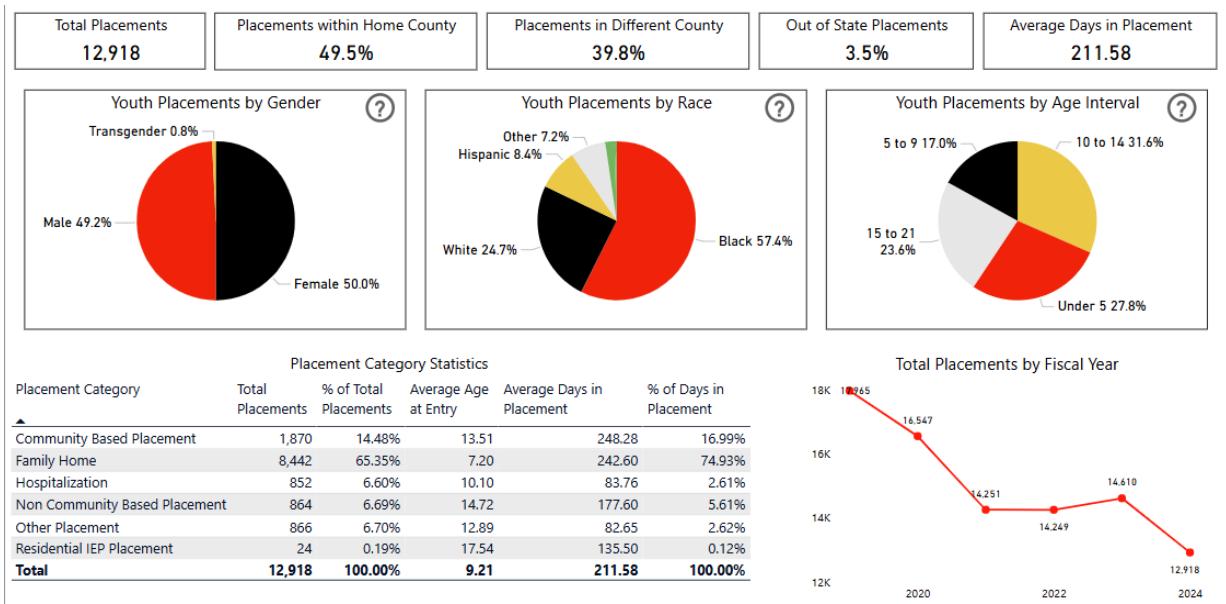
Number of Out-of-Home Placements for Fiscal 2025, 2024 and 2023

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

Number of Out-of-Home Placements in FY 2025

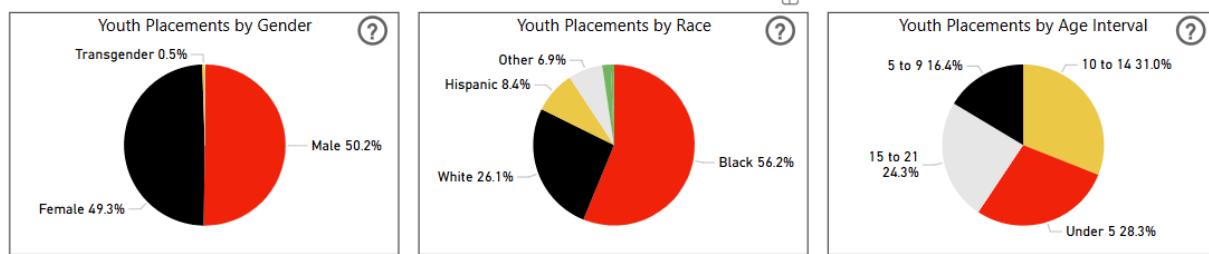


Number of Out-of-Home Placements in FY 2024

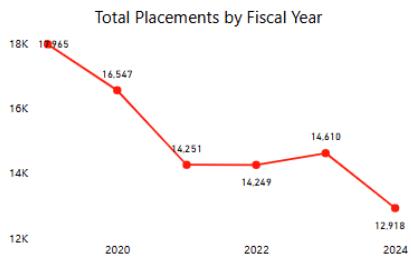


Number of Out-of-Home Placements in FY 2023

Total Placements 14,610	Placements within Home County 47.1%	Placements in Different County 35.4%	Out of State Placements 3.0%	Average Days in Placement 227.23
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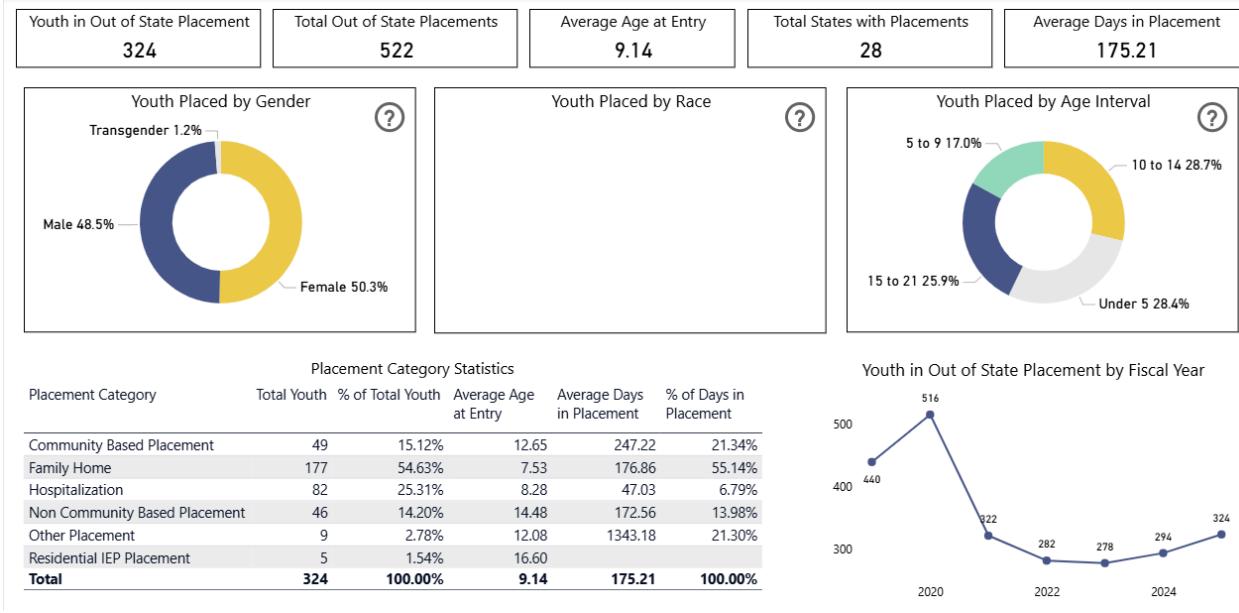
Placement Category Statistics					
Placement Category	Total Placements	% of Total Placements	Average Age at Entry	Average Days in Placement	% of Days in Placement
Community Based Placement	2,133	14.60%	13.45	218.00	14.01%
Family Home	10,009	68.52%	7.47	253.11	76.32%
Hospitalization	731	5.00%	10.21	114.16	2.51%
Non Community Based Placement	998	6.83%	14.51	198.66	5.97%
Other Placement	709	4.85%	13.07	132.59	2.83%
Residential IEP Placement	28	0.19%	17.71	135.40	0.11%
Total	14,608	100.00%	9.25	227.23	100.00%



Number of Out-of-State Placements for Fiscal Years 2025, 2024, and 2023

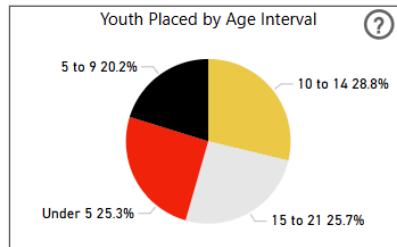
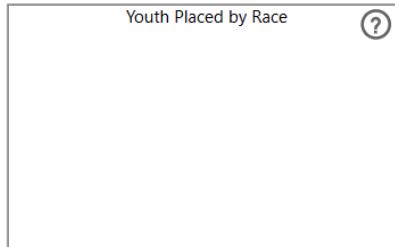
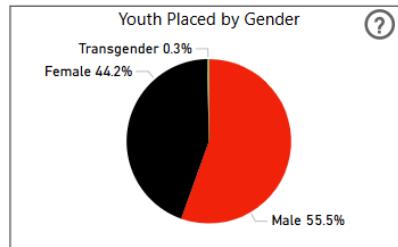
Please refer to the following illustrations as it relates to the number of out-of-state placements for each identified fiscal year.

Number of Out-of-State Placements in FY 2025



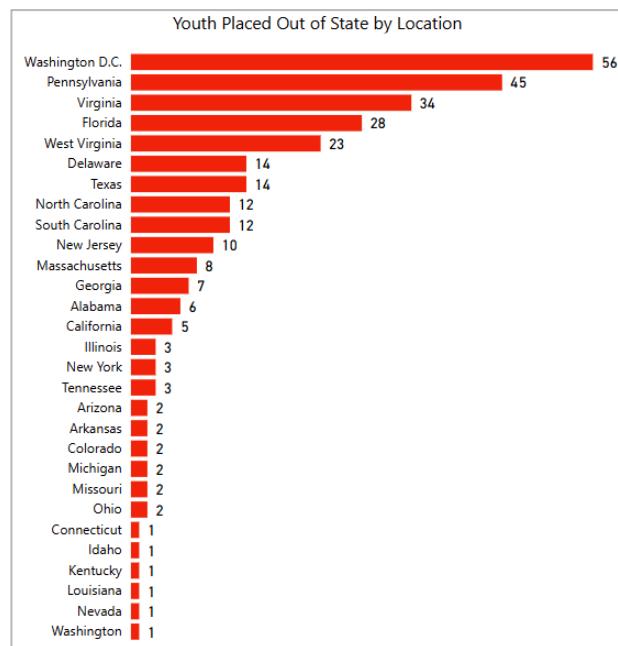
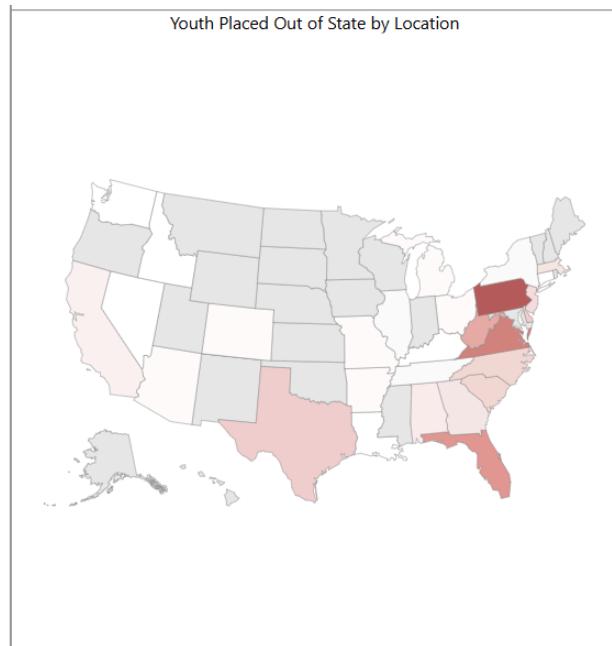
Number of Out-of-State Placements in FY 2024

Youth in Out of State Placement	292	Total Out of State Placements	419	Average Age at Entry	9.49	Total States with Placements	30	Average Days in Placement	141.96
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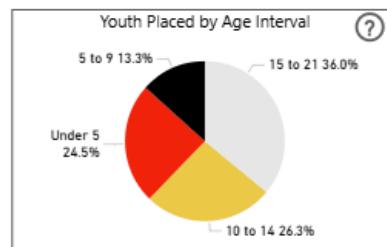
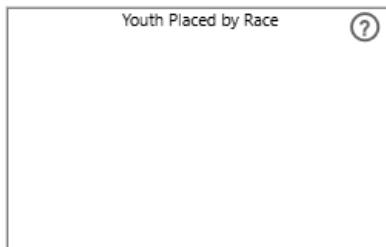
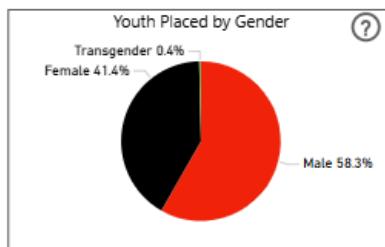
Placement Category	Placement Category Statistics				
	Total Youth	% of Total Youth	Average Age at Entry	Average Days in Placement	% of Days in Placement
Community Based Placement	53	18.15%	12.63	187.58	23.98%
Family Home	163	55.82%	7.41	155.54	61.16%
Hospitalization	58	19.86%	9.01	97.39	13.63%
Non Community Based Placement	39	13.36%	15.05	158.38	14.90%
Other Placement	2	0.68%	14.50	122.50	0.59%
Residential IEP Placement	6	2.05%	16.33	99.00	1.43%
Total	292	100.00%	9.49	141.96	100.00%

Youth in Out of State Placement by Fiscal Year



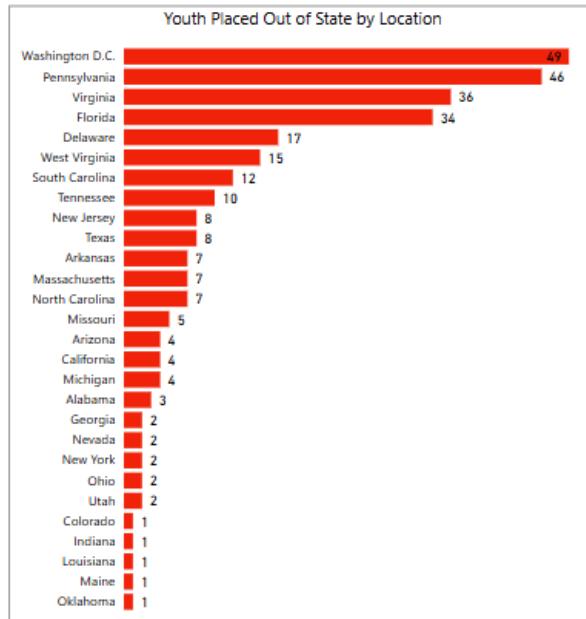
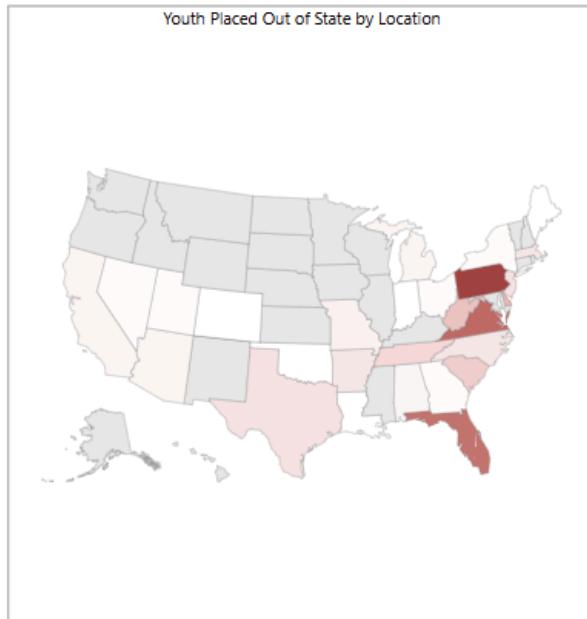
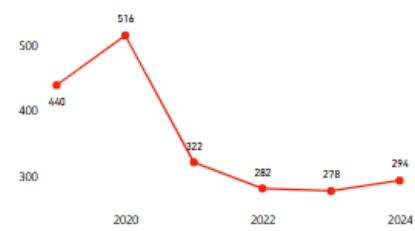
Number of Out-of-State Placements in FY 2023

Youth in Out of State Placement	Total Out of State Placements	Average Age at Entry	Total States with Placements	Average Days in Placement
278	419	9.67	29	189.21



Placement Category	Placement Category Statistics				
	Total Youth	% of Total Youth	Average Age at Entry	Average Days in Placement	% of Days in Placement
Community Based Placement	56	20.14%	12.79	185.18	19.71%
Family Home	150	53.96%	7.38	207.36	59.13%
Hospitalization	44	15.83%	8.72	150.21	12.56%
Non Community Based Placement	45	16.19%	15.25	202.39	17.31%
Other Placement	7	2.52%	12.43	46.17	0.61%
Residential IEP Placement	9	3.24%	17.50	95.67	1.64%
Total	278	100.00%	9.67	189.21	100.00%

Youth in Out of State Placement by Fiscal Year



Number of Youth in Out-of-Home Placement (as of October 15th) for Fiscal 2025, 2024 and 2023

Please refer to the following illustrations as it relates to the one-day counts for youth in out-of-home placements as of October 15 for fiscal 2025 as of January 1 for fiscal 2024, 2023 and 2022.⁹

Number of Youth in Out-of-Home Placement as of October 15, 2024 (FY 2025)

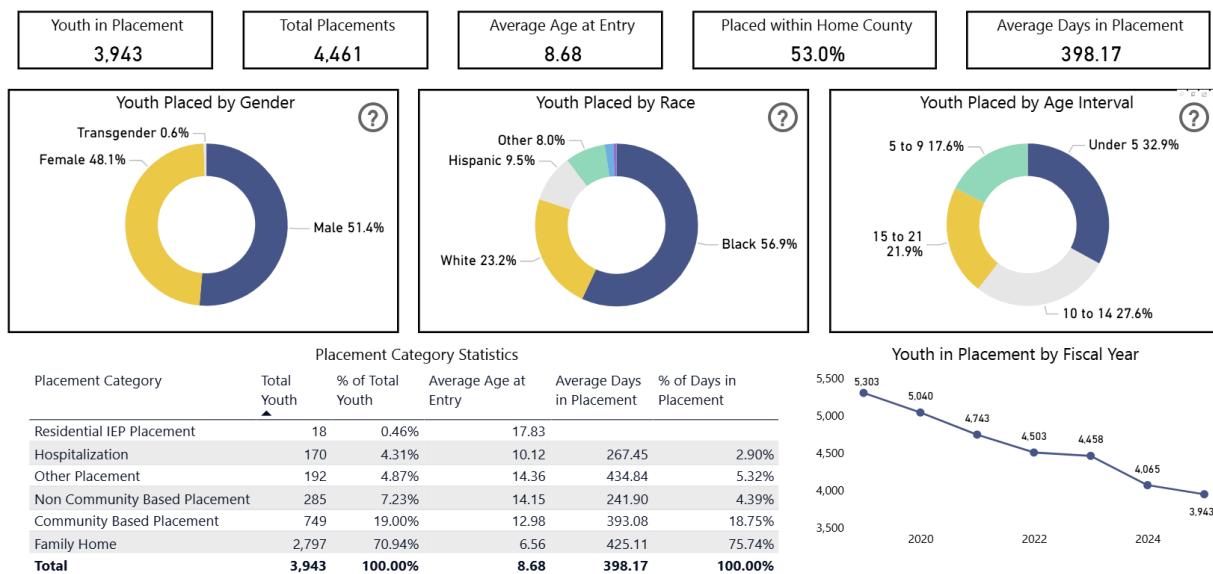
*Note: The Point in Time count date changed in FY2025 from January 1 to October 15th. The below data within the screenshots from FY2024 and FY2023 were pulled on January 1.

The following fiscal years included in this appendix are from January 1. To see the point of time comparison for October 15th in FY2024 and FY 2023, see the line graph in the bottom right hand corner of this dashboard. The point in time numbers for previous years on October 15 are as follows:

FY 2025: 3,943

FY 2024: 4,065

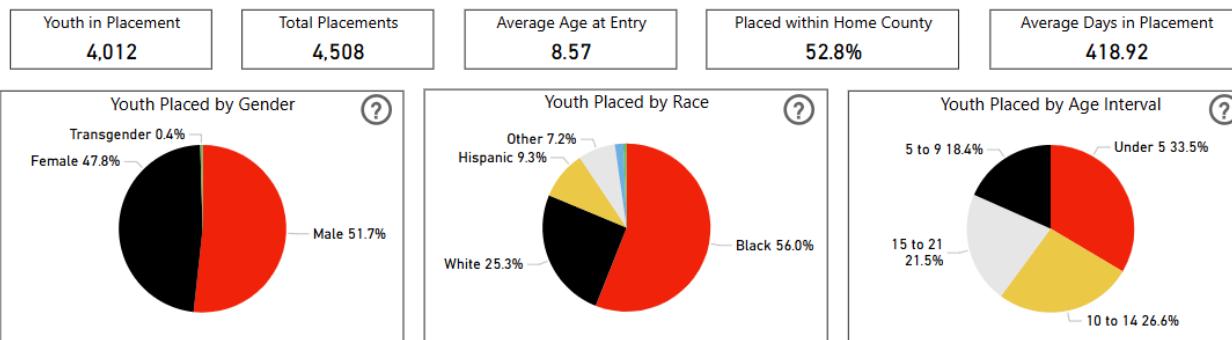
FY 2023: 4,458



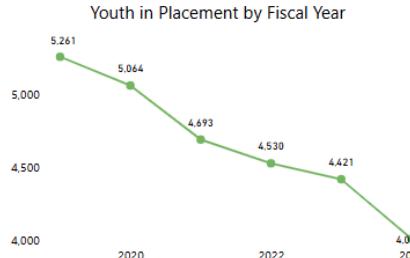
⁹ In 2023, the Governor's Office of Crime Prevention and Policy made improvements to the data dashboard and updated data models to increase the confidence in reporting. As a result, the number of out-of-home placements for January 1 are slightly different from prior years.

Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	OTH	PG	QA	SM	SO	TA	WA	WI	WO	Total	
Allegany	1	16	3	7							1	1	2				3	3	1	2		4				38		
Anne Arundel	69	3	20	24	9	1	4				8	2	4			5	3	2	7			5				156		
Baltimore	1	11	10	232	238	5	5	2	8	2	2	3	3	22	11	19	13	16	29	1			13	4	1	600		
Baltimore City	21	4	289	878	7	2	6	5	4	2	5	9	25	15	2	45	17	49	79	1		4	1	16	7	1,414		
Calvert	2		3	5	1	1	19		1		1		3		3	1	4		3	1						44		
Caroline	1		1	1	8							1								3		1				14		
Carroll					9		1	9				1		1	1							3				26		
Cecil		10	12	53					1		7	1			4	2	4					4	1			94		
Charles		3	3		8						1			1	2		2	2		3							19	
Dorchester		5	2	3	1			4		2				1		6	2		2	5	2	3					36	
Frederick	1	1	5	7	3	1	1	2		32	2	1	1		8	2	1	2					5				67	
Garrett		3	3							19				1						1	3						28	
Harford	3	23	29	2	2	1			3	1	100			5	7	3	7				2						179	
Howard	2	1	10	26	2	1				2	1	32		5	6	1	5				1						93	
Kent		3	2	1							1	2								1							9	
Montgomery	7	5	23	32	6	1	2	3		5	5	5	218	14	4	57		1		11	1					384		
Out of State		2	3								1			2							1						9	
Prince George's	4	3	40	61	1	1	3	1		2	4	3	2	2	36	22	7	250		6	1	7	1	1		425		
Queen Anne's		2	2															3			1						8	
Somerset		5	3	1				1	2								1	2	3		1	9	1			28		
St. Mary's	1	5	4		4		2				1		3	1	2	10		18	1	1						48		
Talbot	1	3	2	4	1						1				1				3							15		
Washington	1	1	8	15	1				3				10	15	4	4				95							149	
Wicomico	1	9	3						1	2			2		3		2		12	1							33	
Worcester		2	1					1				1	2	1			2	7	11		2						27	
Total	2	124	47	710	1,369	51	72	33	28	27	13	68	51	169	68	4	362	123	97	472	6	36	11	14	177	45	15	3,943

Number of Youth in Out-of-Home Placement as of January 1, 2024



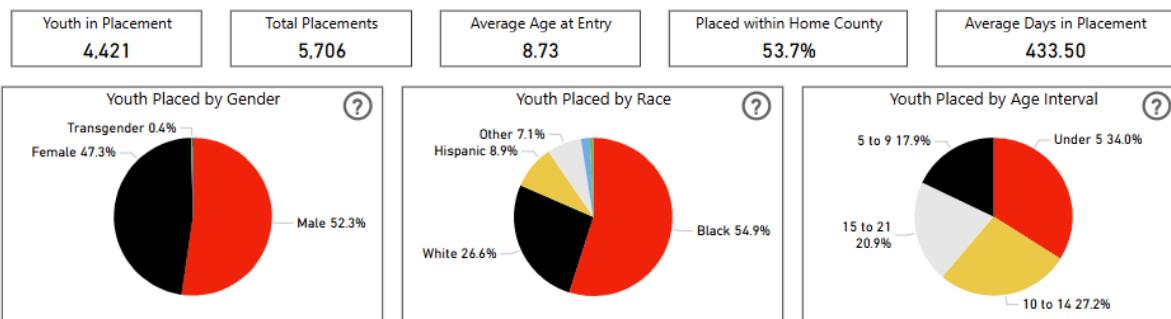
Placement Category Statistics				
Placement Category	Total Youth	% of Total Youth	Average Age at Entry	Average Days in Placement
Community Based Placement	797	19.87%	13.39	384.98
Family Home	2,885	71.91%	6.52	475.52
Hospitalization	131	3.27%	10.15	261.11
Non Community Based Placement	262	6.53%	14.10	239.83
Other Placement	172	4.29%	11.21	256.84
Residential IEP Placement	21	0.52%	17.62	
Total	4,012	100.00%	8.57	418.92
				100.00%



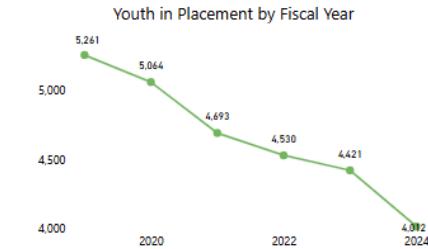
Youth Home County and Placement County

Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	18	1	5							2	3				4	1	2		10	2					46		
Anne Arundel	47	1	12	19	5	2	3			1	5	4	4		2	6	3		3	3	1				115		
Baltimore	20	3	252	221	8	8	3	9	1	1	3	29	10		27	13	27	1		31	12	1	1		626		
Baltimore City	27	6	295	911	4	2	5	4	2	3	7	6	24	15	2	30	21	78	1	1	4	77	9	3	1,457		
Calvert	2		3	3			2	23				3	1		4	3	4		2			4	1		47		
Caroline		1		4	10							1							4				1		21		
Carroll		1		7			16					1		2		2							4			32	
Cecil		10	16	1	60						2		5	1	1	8	2	1		5	1				105		
Charles	1	1	4		7						1		1	1	1	3	1	2								23	
Dorchester	1	2	2	1			1	7				3			2	5			2	3			4			30	
Frederick		6	8	2	1	2			31					4	2	1				6	9					67	
Garrett	2	1	1						37						2							2				42	
Harford	2	18	23	3	4					1	1	100		7	5	5				12	1					173	
Howard	3	15	16	2	1	1				1		1	34	3	9	4				5	1					90	
Kent		3	3									3	1						1							10	
Montgomery	5	8	26	38	9	2	2	2		1	10	2	1	8	183	14	50	1	1	19	8				369		
Out of State		1								1	1	4										2				9	
Prince George's	7	3	37	65	2	1	6			3	5	2	1	3	47	23	266	4	1	26	6				459		
Queen Anne's				4		1			1				2	1		4		1							14		
Somerset		3	4									1			1	1	2		1	11					21		
St. Mary's	1	9	6		3	3					7		1	1	10	18			4	1					56		
Talbot	2	4	2	1			1							1	1			4							16		
Washington	4	8	18		1			3			2	6	7	6					5	69					126		
Wicomico	3	5	8					2				1	2	3		4		3	1	6					32		
Worcester		5	2								1	2				3		3	5	10					26		
Total	112	53	716	1,392	49	81	34	35	29	19	70	62	182	76	9	322	128	468	7	31	15	12	214	132	32	11	4,012

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



Placement Category Statistics				
Placement Category	Total Youth	% of Total Youth	Average Age at Entry	Average Days in Placement
Community Based Placement	800	18.10%	13.27	360.87
Family Home	3,279	74.17%	6.95	488.33
Hospitalization	120	2.71%	9.88	382.27
Non Community Based Placement	362	8.19%	14.03	287.24
Other Placement	170	3.85%	12.74	330.70
Residential IEP Placement	23	0.52%	17.48	232.00
Total	4,421	100.00%	8.73	433.50
% of Days in Placement				
				100.00%



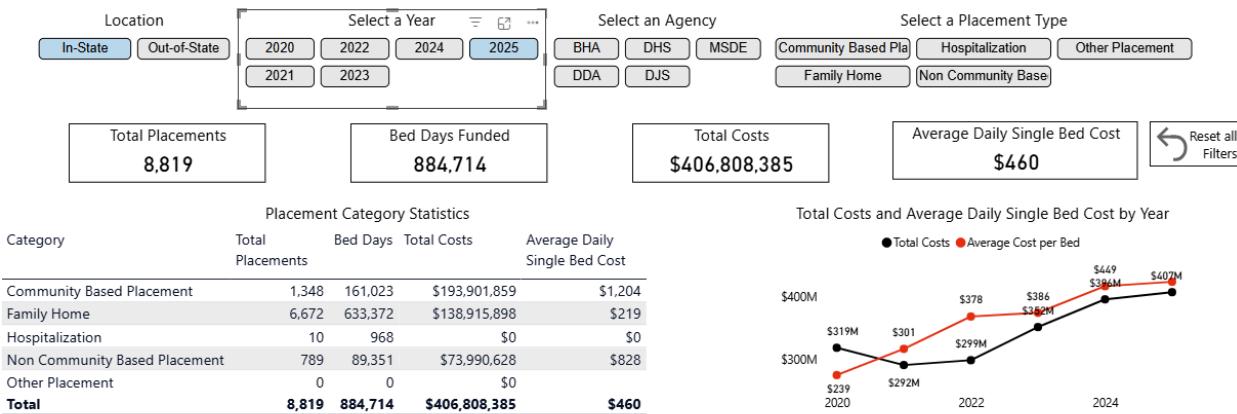
Youth Home County and Placement County

Home County	AA	AL	BA	BC	CA	CE	CH	CR	CV	DO	FR	GA	HA	HO	KE	MO	OOS	PG	QA	SM	SO	TA	UNK	WA	WI	WO	Total
Allegany	29	3	9		2					1	1				16	1			3	19	3				67		
Anne Arundel	47	11	34	4	2	3		2	2	3	4			3	2	10			29	2	3	1	134				
Baltimore	15	5	239	246	6	7	4	4	1	1	3	3	30	12	23	15	17	1		85	19	3	1	650			
Baltimore City	38	7	294	1,000	3	1	5	6	1	4	12	6	24	15	36	18	84	1	1	196	10	7		1,602			
Calvert	1	1	1	5		1	24			1	1			3	5	5	1		14	3			49				
Caroline		2		16									1			2		4	15		1			30			
Carroll		5	7	1		11		1				2		4					6	4				34			
Cecil		6	13		76							8	1		4	4	1	1	10	4	5			123			
Charles		1	3	6		8						1	1		1			1		9	1			27			
Dorchester		2	3	1	1		2	10	1		1	1	1	1	1	5	4	3	4	11		1		40			
Frederick		1	4	8	1	1	3		34	1	1	1		7	4	2			20	9	1			82			
Garrett		3	1	1				44		1									4	2				53			
Harford		3	19	32	2	7	1			3	135	2		6	7	4			19	1				223			
Howard		1	6	14	4		1		1		39			5	7	8			9					88			
Kent			1	3								5							2	2				10			
Montgomery		6	5	28	43	10	3	2	4	1	1	7	1	1	5	219	15	43	1	1	55	6	1		402		
Out of State				1					2					1							1				5		
Prince George's		8	2	37	52	1	3	8	2	4	6	1	1	38	17	305			88	4	1			484			
Queen Anne's				1	3	1							1	2	2		9			1				16			
Somerset			4	4			1							1		1	3	1		3	6	1		23			
St. Mary's			2	9		2	6			9	1		3	4	8	23			9	2				69			
Talbot			4	4	3	1								1				2	17					19			
Unknown				3																				3			
Washington		7	11	13					3	1	1			7	5	3			14	79				124			
Wicomico			3	7				3	3					4		3		2	10	2	11			38			
Worcester		1	1	7				2	1									2		8	7	2		27			
Total	119	64	690	1,524	51	102	37	30	37	23	71	73	218	81	8	363	124	503	21	27	8	13	647	152	50	10	4,421

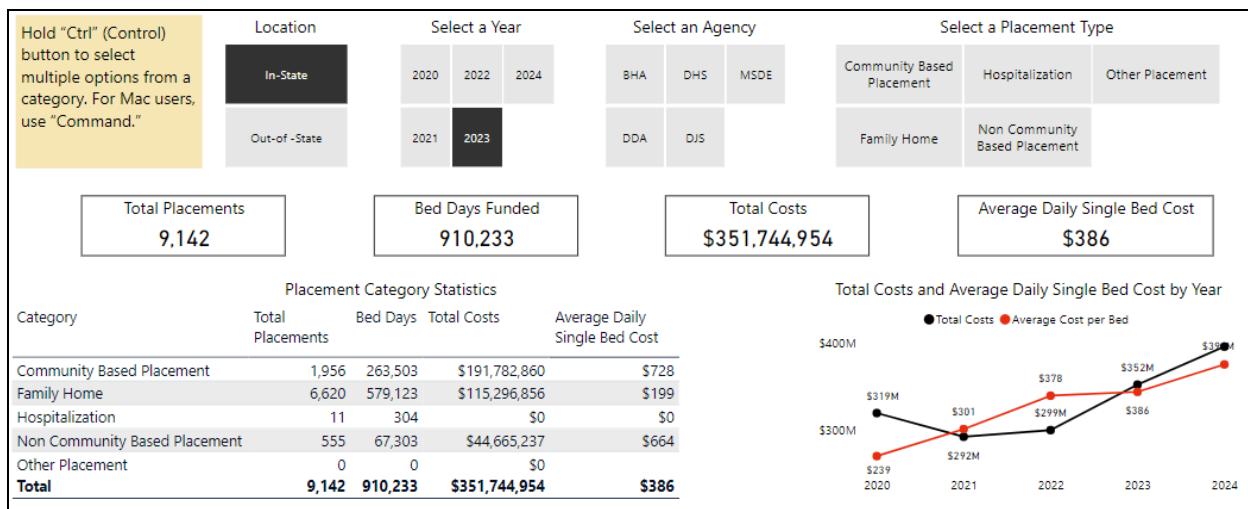
Costs Associated with Out-of-Home Placements for Fiscal Years 2025, 2024, and 2023

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

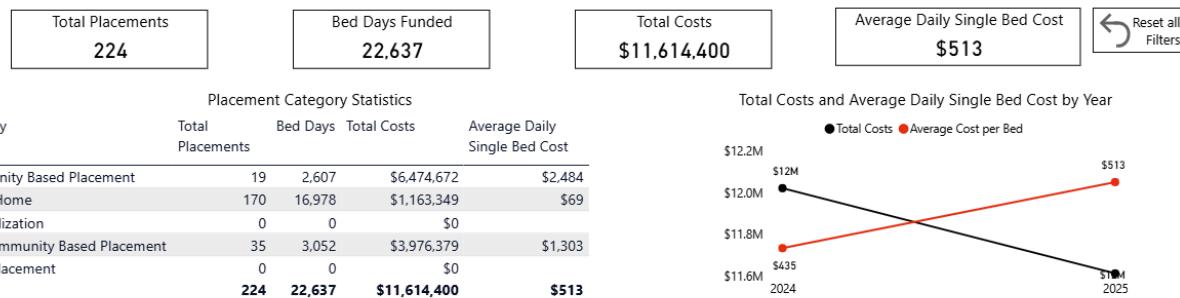
Costs Associated with In-State Placement (2025)



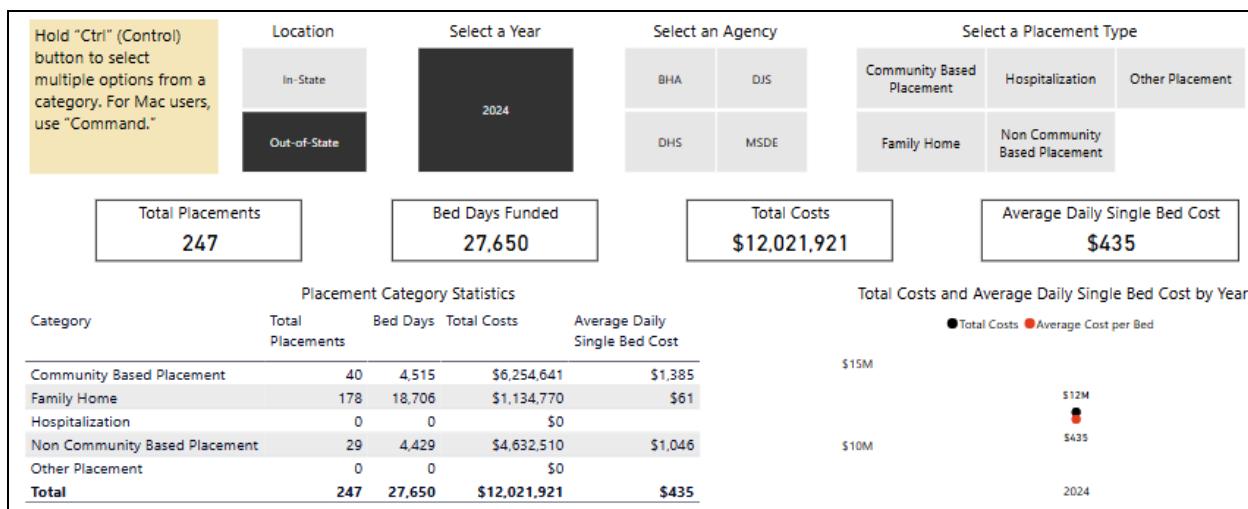
Costs Associated with In-State Placement (2023)



Costs Associated with Out-of-State Placement (2025)



Costs Associated with Out-of-State Placement (2024)



Costs Associated with Out-of-State Placement (2023)

