Maryland
Department of
Human Services

Statement of Need
Residential Child Care Services

The Department of Human Services (DHS) is dedicated to assisting those in economic need, providing prevention services, and protecting vulnerable individuals. DHS is issuing this Statement of Need (SON) for the establishment of Residential Child Care (RCC) programs to respond to the increased need for placement resources and support for children who have complex behavioral and medical needs in the State of Maryland. This SON is issued pursuant to COMAR 14.31.09.04 to solicit prospective licensees to submit a proposal for the RCC program described herein and in accordance with COMAR 14.31.02.

Specifically, DHS is seeking providers to operate programming through the following program categories: Diagnostic, Evaluation and Treatment Programs (DETPs), Psychiatric Respite (PR), Medically Fragile (MF), and High Intensity Group Home Services - Emotional and Cognitive Developmentally Disabled (HIGH- ECDD). These programs will service transgender, male and female youth.

I. Background and Purpose

The need for residential child care services tailored to children with complex medical and behavioral health needs has grown due to a rise in reported cases of severe emotional disturbances, developmental disabilities, and chronic medical conditions. Studies indicate that children with multiple placement disruptions are at higher risk for long-term emotional, social, and educational difficulties. Children with complex medical and behavioral health needs require specialized residential care services that provide a structured, therapeutic, and supportive environment. Many of these children have experienced severe trauma, multiple foster care placements, or disruptions in their home environment, leading to difficulties in maintaining stability in traditional family or foster home settings.

Historically, group homes have served as an essential component of the child welfare system, providing a more structured alternative to foster care for children who require higher levels of supervision and support. However, traditional models have often lacked integration between behavioral health and medical services, leaving a subset of children without appropriate placement options. Many existing group homes do not have the specialized staff, training, or medical resources

necessary to meet the complex needs of these children, leading to inadequate care, repeated placement disruptions, and poor long-term outcomes.

To address this, there is a growing need for high-quality residential programs that integrate trauma-informed care, clinical treatment, and medical oversight within a cohesive service model. Quality Residential Treatment Programs (QRTPs), established under the Family First Prevention Services Act, represent a key solution. QRTPs are designed to provide specialized, short-term, and intensive treatment in a setting that is trauma-informed, family-focused, and staffed with licensed medical and clinical professionals. Expanding access to QRTP-level care is essential to ensuring children with complex medical and behavioral health challenges receive the support they need to heal and thrive.

Due to a lack of appropriate residential care options, many of these children experience prolonged hospital overstays or temporary placements in hotels, which are not equipped to provide the necessary medical or behavioral health support. Such placements contribute to further instability, increased emotional distress, and delays in receiving proper therapeutic interventions. Despite an increasing demand for high-quality residential care placements, there remains a gap in available resources tailored specifically to children with both behavioral and medical challenges. Therefore, there is a growing push for residential programs that combine trauma-informed care, specialized behavioral interventions, and medical oversight within a cohesive service model.

DHS is requesting services in the following four (4) geographical regions in the state of Maryland:

Jurisdictions included in each Region are:	
Southern Maryland	Calvert, Charles, Prince Georges and St. Mary's Counties
Central Maryland	Anne Arundel, Baltimore City, Baltimore County, Carroll, Harford, Howard and Montgomery Counties
Western Maryland	Allegany, Frederick, Garrett and Washington Counties
Eastern Maryland	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Talbot, Somerset, Wicomico and Worcester Counties

II. Residential Child Care Categories and Beds:

DHS is seeking high intensity services in the following program categories:

RCC PROGRAM CATEGORIES	Number of Beds
DETP	**30**
MFP	**20**

HIGH-ECDD	**100**
PR	**20**

The projected need for placements is based on the number of children that have been placed previously and the most recent data concerning requested placements.

III. Qualified Residential Treatment Provider Certification

The Department desires to have all providers certified as a Qualified Residential Treatment Provider (QRTP). To achieve this goal, the following criteria and services are required to ensure that the provider is able to become designated as a QRTP. A QRTP must meet the following criteria:

- Provide a trauma-informed model of care designed to address the needs, including clinical needs, of youth with serious emotional or behavioral disorders or disturbances.
- Have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state law, consistent with the treatment model, and who are available 24 hours/7 days a week (need not be direct employees of the QRTP).
- Facilitate family participation in a youth's treatment program (to the extent appropriate, and in accordance with the youth's best interest).
- Facilitate and document family outreach and maintain contact information for any known biological family and kin of the youth.
- Document on how the youth's family is integrated into the youth's treatment, including post discharge, and how sibling connections are maintained.
- Provide discharge planning and family-based aftercare support for at least 6 months post discharge; and
- Have a program that is licensed in accordance with Title IV-E of the Social Security Act requirements and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (the Joint Commission), the Council on Accreditation (COA); Educational Assessment Guidelines Lading toward Excellence (EAGLE) and Teaching-Family Association, which is accredited by the Secretary of U.S. Department of Health and Human Services (DHHS).

If the provider is not certified as a QRTP, a detailed timeline for qualifying as a QRTP shall be provided in response to the SON.

IV. Target Population

Providers must provide placements and resources for females, males and transgender youth, ages 12-20. In addition, the target population includes children and youth who may have co-occurring treatment needs and/or history of neglect, sexual and physical abuse. Youth may also be co-committed to the Maryland Department of Juvenile Services or Maryland Department of Health.

V. Provider Capacity to Serve

A. Providers are required to categorize residents based on congruent gender, age, and phase of recovery. Furthermore, they must possess the ability to accommodate a minimum of six (6) beds. The maximum number of beds will be determined by the facility's ability to maintain housing spaces that are age-appropriate and conducive to safe interpersonal interaction. Additionally, the provision of programs and services should be tailored to align with the respective age demographics. Beds and other living arrangements shall meet the requirements of COMAR 14.31.06.

B. Provider must be available to accept referrals 24 hours a day, 7 days a week and every day of the year.

C. Providers shall maintain a no eject, no reject policy for all youth placed by DHS. Ejections will be permitted only in exceptional circumstances after all reasonable efforts to accommodate the youth have been exhausted, and in coordination with the local department of social services and SSA. The provider must work through challenging behaviors with youth in accordance with COMAR 14.31.06.15.

VI. Facility Security

A. Provider shall maintain 100% compliance for child protective services (CPS) clearances and criminal background checks for all employees and prospective employees. Each employee shall meet the requirements in COMAR 14.31.06.05, standards for indicated child abuse and criminal convictions.

B. Title IV-E requirements

Any adult working in a child-care institution, including a group home, residential treatment center, shelter, or other congregate care settings, including a CPA foster family home, shall not have a felony conviction involving:

i. child abuse or neglect
ii. spousal abuse
iii. a crime against a child or children (including child pornography)
iv. a crime involving violence (defined in Maryland Criminal Law §14-101), including rape, sexual assault, or homicide, but not including other physical assault or battery

And within the last five years, been convicted of a felony involving:

i. physical assault
ii. battery
iii. a drug-related offense

C. To ensure the safety of the children and staff, the facility should utilize undisclosed locations, security cameras, alarm systems, 24-hour staffing, and on-site security. This creates a secure environment that is essential for establishing physical and emotional safety, which is key to the recovery process.

VII. Program Requirements

All Providers must provide high intensity group home services in a campus type or community-based facility.

A. Diagnostic and Evaluation Treatment Program (DETP)

The DETP shall provide short-term care, not to exceed ninety (90) calendar days, to identify and facilitate diagnostic services for children in need of stabilization prior to transitioning into a longer-term placement. The DETP serves children exhibiting significant emotional and behavioral challenges and who have a history of abuse, neglect, or have been victims of sex trafficking.

The Program shall:

1. Complete a written Diagnostic Assessment of a child according to the Diagnostic Statistical Manual (DSM-5) standards for submission to the LDSS within sixty (60) business days of placement. The Diagnostic Assessment shall include a psychiatric, psychological, educational, psycho-social, and medical plan for stabilizing the child and developing a plan to transition and maintain the child in the most appropriate and least restrictive placement to meet that child's needs.

2. Have an on-site MSDE approved Type III school or utilize the local school systems when appropriate, to ensure that each school-aged child attends an educational or vocational program in accordance with all applicable federal, State and local laws.
3. Provide a milieu of services offered in diagnostic and evaluation treatment programs.
4. Offer evidence based and/or trauma-informed treatment services. Contractors must be able to provide individual trauma therapy, and individual and group therapy.
5. Provide the Certificate of Need (CON) to the LDSS Case Manager for children recommended for a Residential Treatment Center (RTC).
6. Ensure on-site availability to provide nursing and clinical/counseling needs consistent with treatment models and to meet the needs of children in care 24/7.
7. Ensure a minimum resident to staff ratio (excluding volunteers and staff not providing direct care and supervision of residents) of **4:1** during waking hours and **8:1** during sleeping hours.

B. **Psychiatric Respite (PR)**

The PR program will provide short-term residential services for children and youth discharged from psychiatric hospitalization with placement recommendations for a residential treatment center, a less restrictive environment, or as a diversion from psychiatric admission. The program will deliver enhanced staffing ratios and specialized supportive services to address the needs of children with serious behavioral and mental health challenges. This program is intended to offer a more secure environment and a higher intensity of therapeutic services for DHS youth placed within the state.

A. The PR Program shall:

1. Provide a combination and sequence of intensive, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual.
2. Have an on-site MSDE approved Type III school or utilize the local school systems when appropriate, to ensure that each school-aged

child attends an educational or vocational program in accordance with all applicable federal, State and local laws.

3. Offer evidence based and/or trauma-informed treatment services. Contractors must be able to provide individual trauma therapy, individual, and group therapy.
4. Provide the CON to the LDSS Case Manager for children recommended for a RTC.
5. Provide on-site counseling services and appropriate therapeutic modalities necessary to meet the needs of children in care.
6. Ensure a minimum resident to staff ratio (excluding volunteers and staff not providing direct care and supervision of residents) of **3:1** during waking hours and **8:1** during sleeping hours.

C. **Medically Fragile Providers (MFP)**

The MFP program provides specialized residential care for children and youth with complex medical conditions and disabilities requiring ongoing medical support. This program offers a safe, structured environment where individuals receive personalized care to address their medical, physical, and developmental needs. Services include 24-hour skilled nursing care, medication management, physical and occupational therapy, and other medically necessary interventions tailored to each child's specific condition. Children in the program may have multiple disabilities and may be dually diagnosed with emotional and/or behavioral disorders.

The MFP program is designed to serve a child who is dependent upon any combination of the following: mechanical ventilation for at least part of each day; intravenous administration of nutritional substances or drugs; device-based respiratory or nutritional support on a daily basis, including tracheotomy tube care, suctioning, or oxygen support; medical devices that compensate for vital body functions, including, apnea or cardio-respiratory monitors, renal dialysis; and other mechanical devices, or substantial nursing care in connection with disabilities. The MFP must meet the requirements outlined in Class 4 of the rate reform model.

The Program shall:

1. Provide 24/7 nursing services to meet the physical health needs of children and youth served.

2. Provide multiple services which include, but are not limited to, medical, nursing, psychological, social services, occupational and physical therapy interventions.
3. Ensure direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or will have completed specialized training within 180 days of employment.
4. Provide transportation to any clinical or behavioral health services that the Contractor is not required to provide directly.
5. Meet all requirements outlined by COMAR 14.31.07.07.
6. Ensure that a health care professional licensed to practice in the State trains child care staff based on the individual medical needs of each child.
7. Obtain consultation services from a pediatric medical specialist for input (oral and written) on the placement of any ongoing care decisions for the children.

D. **Emotional and Cognitive Developmentally Disabled (HIGH-ECDD)**
The HIGH-ECDD program provides services to children presenting a high level of behavioral, emotional and/or behavioral, educational and medical conditions requiring a high level of on-site therapeutic care and intense structured supervision, behavior management and clinical intervention. These children require 24-hour supervision by awake staff.

The Program shall:

1. Offer a staff to youth ratio of **2:1**.
2. Provide on-site counseling services and appropriate therapeutic modalities necessary to meet the needs of children in care.
3. Offer a trauma certified treatment practice which is preferred over trauma informed. The Contractor shall provide individual and group trauma therapy; family therapy; medication management; and crisis intervention services.
4. House and care for no more than 4 children in one facility, with one youth per bedroom.
5. Ensure the program's Certified Program Administrator, as outlined in COMAR 14.31.06.06, shall have experience providing a range of services that may include individual, group, milieu, family, educational, and behavioral treatment approaches.

6. Ensure that each school-aged child attends an educational or vocational program in accordance with all applicable federal, State and local laws.

VIII. General Program Services

DHS is seeking providers with the ability to provide ongoing intensive services to youth (male, female and/or transgendered) who have experienced abuse and neglect as well as present with complex medical and behavioral health needs. Providers must collaborate with the Department to provide all the service needs. Those services include the following:

A. Basic needs (i.e., food, shelter, clothing, toiletries, appropriate place to sleep)
B. Intensive case management
C. Delivery of trauma-informed therapeutic services to include:

1. Individual trauma therapy tailored to each child's specific needs and history.
2. Group therapy to foster peer support and relational healing.
3. Mental health counseling and treatment utilizing evidence-based approaches such as:
    - **Cognitive Behavioral Therapy (CBT)** to address maladaptive thought patterns and behaviors;
    - **Dialectical Behavior Therapy (DBT)** to build emotional regulation and interpersonal effectiveness skills; and
    - **Eye Movement Desensitization and Reprocessing (EMDR)** to support the processing and resolution of traumatic memories.

D. Medical screening and routine medical care

E. Program Participation such as:

1. Youth Sports Programs
2. Arts and Creative Programs
3. Summer Camps
4. Community Service and Volunteer Programs
5. Cultural and Diversity Programs
6. Career Development and Job Training Programs
7. Health and Wellness Programs
8. Academic Enrichment Programs

F. Family involvement and reunification services

G. Educational services

H. Services to a population of male, female, and transgendered children ages 12-20 with the following treatment needs that may be co-occurring:
    1. Inappropriate sexual behavior (to include victims and/or offenders)
    2. Violence and aggression
    3. Fire setting
    4. Autism Spectrum Disorder
    5. High elopement risk
    6. Developmental Disabilities
    7. Learning Disabilities
    8. Self-injurious behaviors
    9. Physical Disabilities

These needs may be accompanied by medical conditions that further contribute to the complexity of the child's care. Youth may be stepping down from more restrictive environments such as Residential Treatment Centers, Juvenile Justice Facilities, In-patient hospitalizations, High Intensity Respite, or Diagnostic Centers.

IX. Program Staffing

It is crucial for staff working with individuals who present with complex behavioral health needs to be well-prepared and trained in several key areas. The provider must ensure the program's Certified Program Administrator, as outlined in COMAR 14.31.06.06, shall have experience providing individualized services that may include individual, group, milieu, family, educational, and behavioral treatment approaches as applicable. In addition, below is a breakdown of the essential components of staff training:

A. **Trauma-Informed Care**

1. Recognizing and addressing the physical, psychological, and spiritual impact of trauma on survivors.
2. Understanding trauma-informed care principles, such as creating safe and empowering environments and avoiding re-traumatization.

B. **Boundaries and Healthy Relationships**

1. Maintaining appropriate boundaries is crucial to ensure the safety and well-being of both staff and youth.
2. Ethical conduct and professional boundaries, while still maintaining empathy.
3. Legal and ethical considerations related to working with children and youth, including issues related to confidentiality, informed consent, and child abuse reporting requirements.
4. Cultural competence is crucial, as youth come from diverse backgrounds. Staff must be trained to be culturally sensitive and responsive to the unique needs and experiences.

C. **Transition Planning**

Reintegrating youth into their families or communities after being in out-of-home placement can be challenging. Working with DHS is crucial to the development of a transition plan that prepares the youth and family for their return to the community.

D. **Crisis Intervention**

1. Immediate crisis intervention and post incident processing preparedness. Both clinical and program management remain on call 24 hours a day for emergencies and crisis management.
2. Knowledge and implementation of DHS's Incident Reporting Policy to ensure the safety and well-being of youth.

X. Program Location

The provider is expected to accommodate youth from all Maryland jurisdictions, including transportation of youth to court appearances, off grounds activities, family visits, educational services and other prosocial activities.

XI. The priority selection criteria are:

A. The provision of high-intensity services
B. The availability of the beds in a facility that meets all core regulation requirements and is ready to place children by April 1, 2026
C. Previous experience operating a high-intensity program serving the identified populations
D. The establishment of facility(s) accessible to all Eastern and Western Shore Local Departments of Social Services (LDSS)

E. A facility for females ages 14-16 or 17-20
F. Ability to obtain QRTP Designation within one year of the award of contract

XII. Rate Setting

All providers are required to submit a rate application to the Maryland State Department of Education to obtain a rate aligned with the State of Maryland's rate reform methodology and consistent with COMAR 14.31.04. Specific requirements for classes outlined in the rate reform process are described in the guidance below by following the links.

RCC/FAQ-Maryland-Children's-Quality-Service-Reform- January 2024

FY2026 RCC Class Determination Guidelines

XIII. Proposal Submissions and Closing Date

Proposals addressing the above items are to be submitted to Placementand.Permanency@maryland.gov within 21 days from the date notice of the SON is published in the Maryland Register. Please also include Torrez Ackers-Hardy, Management Associate torrez.ackershardy@maryland.gov, and Desiree Hill, Administrative Assistant Desiree.Hill3@maryland.gov on any documentation sent.

XIV. Residential beds must be available by: April 1, 2026

XVI. Opportunity for Public Comment

Comments may be sent to Tennille Thomas, Principal Deputy Executive Director for Programs, Social Services Administration, Department of Human Services, via email to Tennille.Thomas2@maryland.gov. Please also include Desiree.Hill3@maryland.gov.

Comments will be accepted through June 27, 2025. A public hearing has not been scheduled.