

FUNCTIONAL FAMILY THERAPY Maryland Quarterly Utilization and Outcomes Report

Fiscal Year 2012 - Third Quarter January, February, and March 2012



**Prepared by the Institute for Innovation and Implementation,
University of Maryland School of Social Work**

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FUNCTIONAL FAMILY THERAPY MARYLAND QUARTERLY UTILIZATION AND OUTCOMES REPORT

FY12 Third Quarter Highlights

How many youth received FFT services?

A total of **456** youth¹ were served during this report period – an increase of 20 youth from last quarter. **One hundred and seventy-eight** youth were discharged from FFT, **153 (86%) of whom discharged for reasons within the FFT therapist's control.**

How well did therapists deliver FFT?

Across Maryland, both the Average Dissemination Adherence Score of **4.8** and the Average Fidelity Score of **4.2** were above the target scores of 4 and 3, respectively, during the third quarter of FY 2012.

Did discharged youth complete FFT?

Of the **153** youth who were discharged from FFT for a reason within the therapist's control:

- **109 (71%)** youth completed treatment
- **44 (29%)** youth did not complete treatment
 - **20** youth dropped out/quit;
 - **14** youth were incarcerated;
 - **5** youth ran away;
 - **4** youth were placed out of home; and
 - **1** family was no longer able to be contacted

What were the ultimate outcomes** for youth who discharged from FFT?

The ultimate outcomes for youth who discharged from FFT for reasons within the therapist's control slightly decreased compared to last quarter, with:

- **128 (84%)** youth living at home;
- **137 (90%)** youth in school/working; and
- **128 (84%)** youth having no new arrests during FFT treatment

***Please see Appendix 1 for definitions of outcome variables*

FFT targets at risk youth whose problems range from acting out to conduct disorder to alcohol and/or substance abuse.

¹ Though reported data reflect youth characteristics, FFT provides services for the entire family unit.

About Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is an evidence-based practice (EBP), that is well-documented and highly successful family intervention for at-risk youth ages 10 to 18 whose problems range from acting out to conduct disorder to alcohol and/or substance abuse. FFT has demonstrated positive program outcomes across a wide range of youth and communities, including:

- Significant and long-term reductions in youth re-offending and violent behavior;
- Significant effectiveness in reducing sibling entry into high-risk behaviors;
- Low treatment drop-out and high treatment completion rates; and
- Positive impacts on family conflict, family communication, parenting, and youth problem behavior.

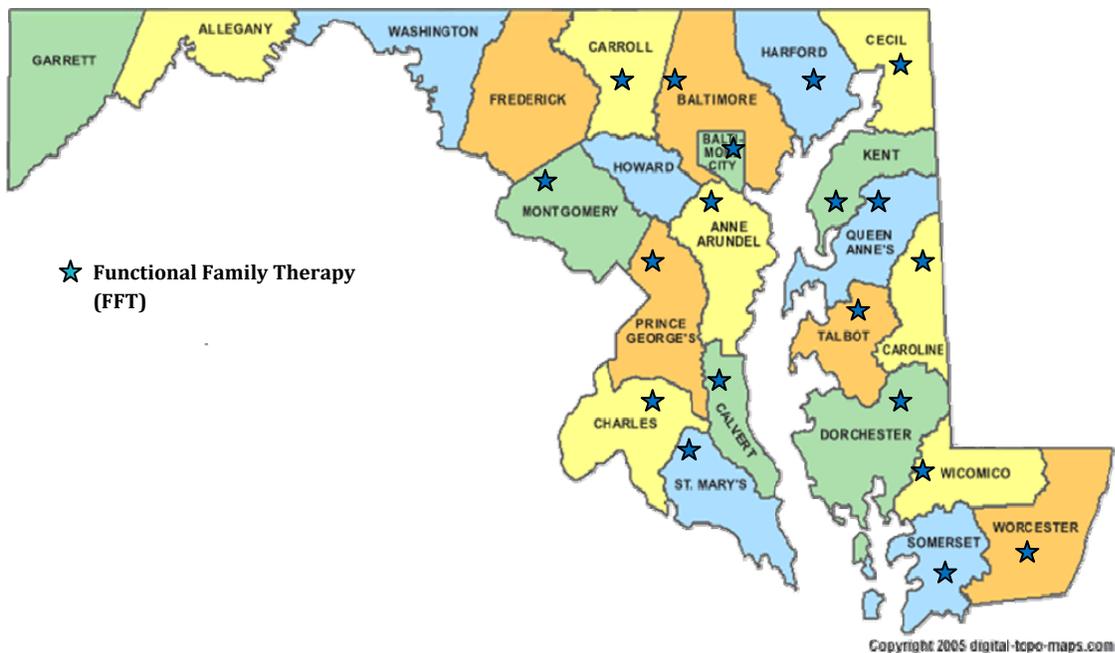
The FFT model has been successfully replicated across a range of child-serving systems, from prevention and diversion type programs to aftercare and parole, as well as traditional drug and alcohol and school-based programs.

Maryland FFT Data

The following report summarizes utilization and discharge outcome data on youth who received FFT during the third quarter of FY12. Data were collected from Maryland FFT providers and represents a snapshot of important information that is useful in describing and guiding the implementation of FFT in Maryland. We work closely with providers to establish clear, consistent guidelines about the data collected, to ensure that reports accurately reflect the quality practices that providers deliver. **Please note that data used in this report are stored in a "live" database, which is consistently updated; data presented in this report are current as of April 2012.**

Location of Maryland FFT Providers

FFT is provided throughout Maryland by three vendors: **Baltimore County Bureau of Behavioral Health (BBH), Center for Children (CFC), and VisionQuest (VQ).**

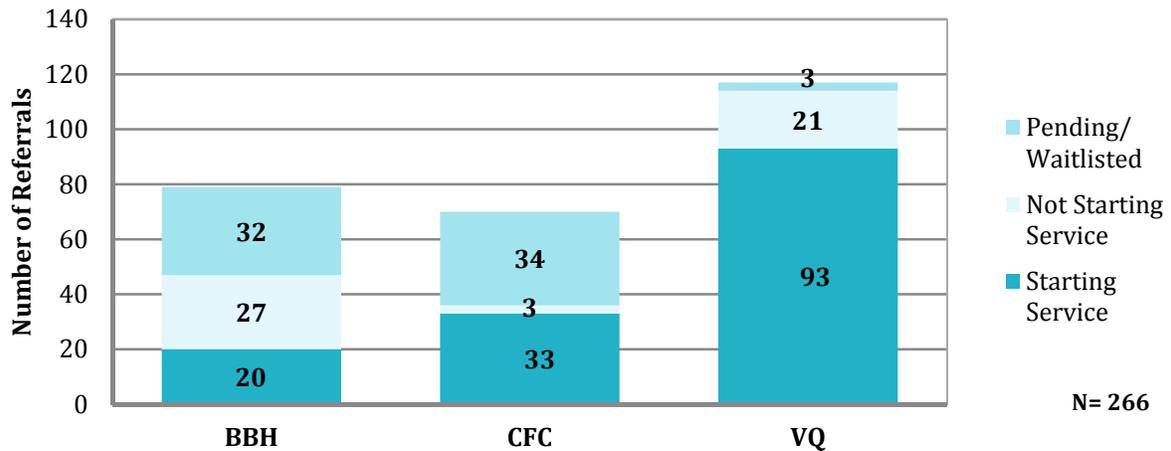


How was FFT utilized in Maryland this quarter?

Who was referred to FFT?

A total of **266** youth were referred to FFT during the third quarter of FY12. Of these, **51 (19%)** youth did not start services.

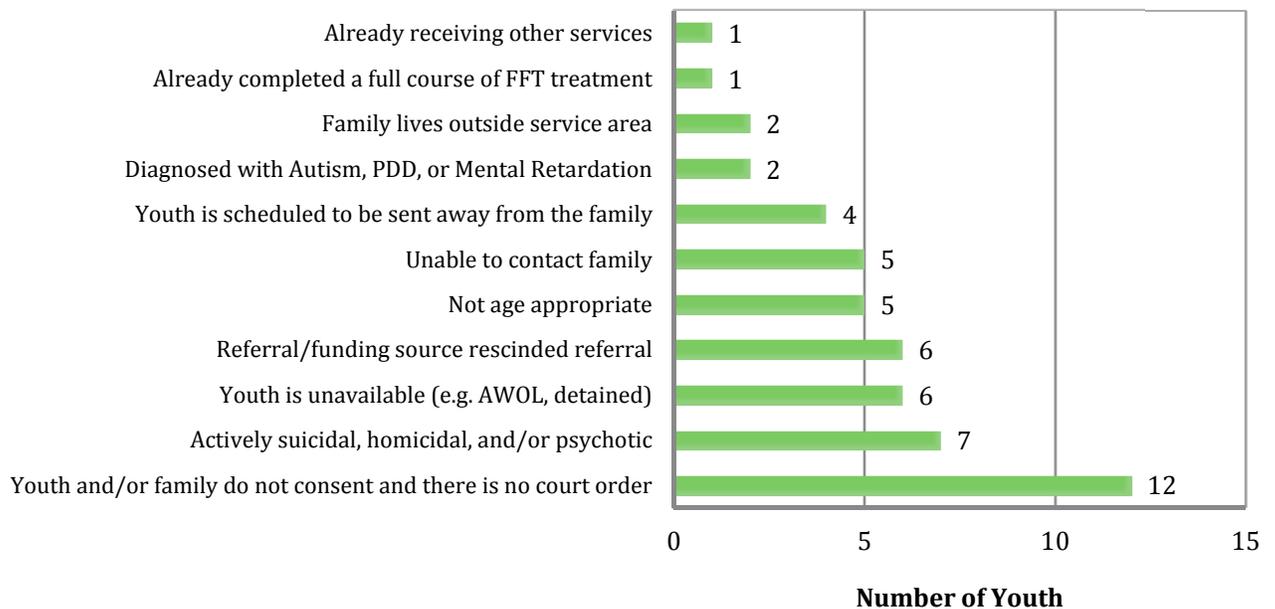
Figure 1. Referrals Outcomes by Provider



What were the reasons youth did not start service?

Of the 51 youth who did not start service, the most frequent reason was “Eligible, but youth and/or parent/custodian/guardian do not consent and there is no court order” (**24%, n=12**), followed by “Not eligible – Actively suicidal, homicidal, and/or psychotic” (**14%, n=7**).

Figure 2. Reasons for Not Starting Service



Who began and who is currently served by FFT?

Of the **456** youth receiving services this quarter, **183 (40%)** actually began services this quarter. The proportion of African American/Black youth served and the proportion of male youth served this quarter were consistent with those of the previous four quarters. Of the 456 youth served by FFT during the third quarter of FY12, the majority were African American/Black (**61%**) and male (**74%**). The average age was **15 years old**, (*sd* =1.8), and ages ranged from 9 to 18. Note that youth referred to FFT had similar demographic characteristics as those served.

Figure 3. Demographic Characteristics of Youth Referred and Served by FFT

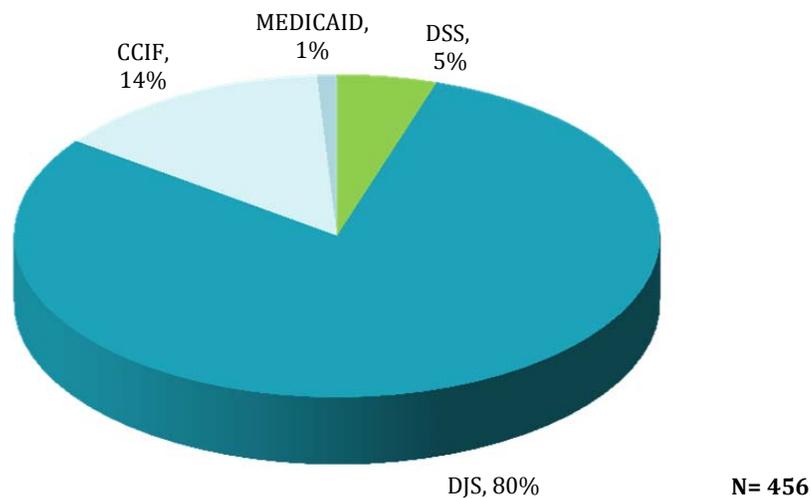
		Youth Referred	Youth Served
Total Youth		266	456
Gender	Male	184 (69%)	339 (74%)
	Female	82 (31%)	117 (26%)
Race/ Ethnicity	African American/Black	149 (56%)	276 (61%)
	Caucasian/White	90 (34%)	127 (28%)
	Hispanic/Latino	11 (4%)	29 (6%)
	Other	16 (6%)	24 (5%)
Age	Average (standard deviation)	15 (2.0)*	15 (1.8)

*Age data missing for one referred youth.

How was FFT funded?

Of the 456 youth served by FFT during this quarter, the majority were funded by DJS (**80%**).

Figure 4. FFT Funding Sources for Youth Served



How well did providers adhere to the FFT model?

During this quarter, the Average Dissemination Adherence Score in Maryland was **4.8** and the Average Fidelity Score was **4.2**. **Six of the 7 therapist teams** were at or above the target Average Dissemination Adherence Score of 4 (scores ranged from 3.81-5.64), and **all 7 therapist teams** were at or above the target Average Fidelity Score of 3 (scores ranged from 3.73-4.97).

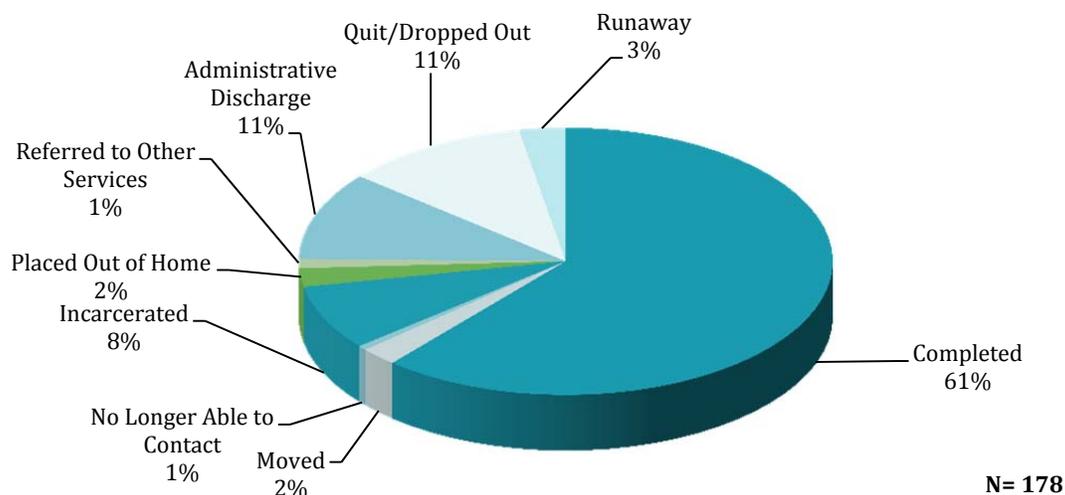
How do youth look upon discharge from FFT?

Upon discharge from FFT, each case is evaluated to determine whether or not the family completed treatment; what the reason was for not completing treatment; and how the youth is doing in three areas of primary interest to stakeholders (i.e., ultimate outcomes) at discharge.

How many youth were discharged from FFT and why were they discharged?

In the third quarter of FY12, **178** youth were discharged from FFT, **153 (86%)** of whom were discharged within therapist control (i.e., discharged for reasons other than moving prior to completion, administrative discharge, or referral for other services – see Figure 5). Among youth who discharged within therapist control, **71% completed** treatment – **61%** of all discharges.

Figure 5. FFT Discharge Reasons by Type



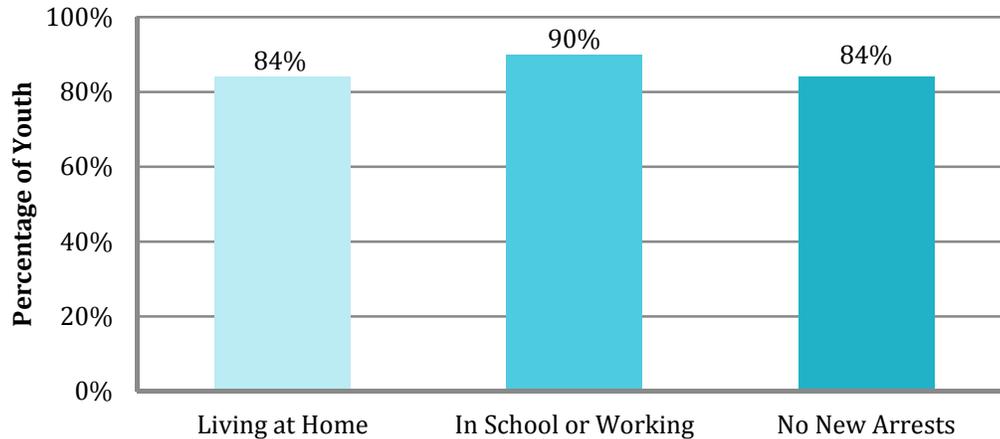
How long did it take to administer FFT?

The average duration of FFT treatment (i.e., the number of days between the date the youth started services and the date of discharge) was **129 days** ($sd=55.6$) for all youth who discharged within therapist control, and **139 days** ($sd=50.8$) for youth who completed treatment.

Discharge outcomes across the State

Ultimate outcomes provide basic, but critical, information about how the youth is functioning at discharge. In this quarter, **84%** of youth were living at home, **84%** had no new arrests, and **90%** were in school or working at time of discharge (note that the FFT national purveyor does not provide national target scores for these outcomes).

Figure 6. FFT Ultimate Outcomes at Discharge for Youth who Discharged for a Reason Within the Therapist Control



N= 153

What is the story behind the numbers?

With assistance from providers and other key stakeholders, the Institute for Innovation and Implementation has identified areas of strength, areas that require additional attention and strategies to address areas of need in order to improve FFT services for youth in Maryland. The following table breaks down both strengths and areas that need attention and then provides strategies that may improve implementation of FFT.

STRENGTHS

1. Reviews of the FFT national database revealed that 80% of all documentation was complete for active cases. This percentage exceeds the national average across FFT programs.
2. The average number of days between the first three sessions has continued to decrease across programs. There are ongoing efforts to reduce this average to the national target of 7-8 days.
3. Although the completion rate has decreased from 78% last quarter to 71% this quarter, it is still above the national target of 70% for Phase 2 sites. Given that we have some Phase 1 and Phase 2 sites, Maryland's average is exceeding FFT expectations.
4. FFT Providers have been making a concerted effort to reach families. We are seeing the results of this through the number of youth who did not start services because FFT was unable to contact the family decreasing from 18 last quarter to 5 this quarter and the number of youth discharged because the family was no longer able to be contacted decreasing from 6 last quarter to 1 this quarter.
5. The Average Dissemination Adherence Score in Maryland increased to 4.8 from 4.5 last quarter.
6. Six of the seven therapist teams were at or above the target Average Dissemination Adherence Score of and all seven therapist teams were at or above the target Average Fidelity Score of 3.

ISSUES/DRIVERS: Areas needing attention

1. Decrease the time between referral and first three sessions in order to be within the National Standards.
2. The percent of youth living at home at the time of discharge decreased from 87% last quarter to 84% this quarter and the percent of youth having no new arrest during FFT treatment also decreased to 84% from 90% last quarter.
3. Address the 11% Administrative discharges where the referral or funding sources are pulling referrals before FFT can either complete work with the families.

STRATEGIES: Actions implemented (or planned) to address the issues

The FFT National consultants will continue to focus their attention on:

1. Monitoring frequency of sessions (weekly) to improve family engagement and also support treatment completion within model range of 120 – 150 days.
2. Working with site supervisors and therapists to focus on increasing the number of youth at home, in school and that have no new arrests.
3. Working with stakeholders to develop strategies for maintaining youth in FFT and not having youth placed or ending probation prior to youth and families completing treatment.
4. Assisting provider education of new CMS workers in order to thoroughly explain the model and the implications it has for CMS workers.

Recommended additional support and involvement from stakeholders

Referral sources can assist by:

1. Involving FFT therapists in informing families about the FFT model at time of referral to ensure families are engaged at referral.
2. Working in collaboration with providers and community resources to find alternatives when providers are at capacity.

Other stakeholders can assist by:

1. Be a partner in educating referral sources and judicial leadership about FFT goals and strategies, including not placing youth when they have just began FFT services or allowing probation to end during FFT treatment.
2. Play an active role in tracking and maintaining referral flow based on current openings and upcoming discharges.

Appendix 1 – FFT Definitions

Discharge Data Elements:

- **Completion:** This item indicates that the youth and family completed treatment (therapist and family mutually agreed to end treatment). Family progress on goals is evaluated with the other discharge sections.
- **Non-completion:** A non-completed case is a case where the family does not make progress towards phase goals. Additionally, efforts to re-engage the family do not result in a subsequent session. A non-completed case is considered a drop-out. These cases are given both a Dropout Reason and Time of Dropout description on the CSS Termination page. Non-completed cases do not receive a Finished Result.
 - **Quit/Dropped out even after contact:** Youth quit or dropped out of treatment after the first visit.
 - **Incarcerated:** Youth was incarcerated (due to a new charge) and therapy could not continue.
 - **No longer able to contact family:** Treatment ended because FFT was unable to contact the family.
 - **Runaway:** Treatment ended because the youth ran away.
 - **Moved prior to completing program*:** Youth not eligible for services due to move outside service area.
 - **Placed out of home:** Treatment ended because the youth was placed outside of the home.
 - **Administrative discharge*:** Treatment ended due to administrative discharge.
 - **Referred to other services*:** Treatment ended because youth was referred to other services.

Therapist Adherence

The *Average Dissemination Adherence Score* evaluates the therapist's skillful application of the necessary components of FFT. **The target Average Dissemination Adherence Score is 4.** The *Average Fidelity Score* evaluates the therapist's skillful application of the necessary components of FFT. **The target Average Fidelity Score is 3.**

Ultimate Outcomes

These items provide basic information about how the youth is functioning *at the time of discharge*. Ultimate outcomes are reported for those youth who completed treatment or were discharged due to a reason within the FFT therapist's control.

- **Youth is living at home:** Home is defined as a private residence that is approved by the youth's guardian. This could include a parent's home, the home of an approved relative or friend of the family, or in their own apartment. Foster homes or other types of placement would not be included in the definition of "home."
- **Youth is attending school/working:** Youth is attending frequently enough to meet expectations placed on youth by school system or court. If the discharge occurs during the summer when school is not in session, it is recommended that the response, "yes," be selected if the youth was attending school at the end of the last school year, or is working.
- **Youth has not been arrested:** Arrested means charged for a new criminal behavior (i.e., not a violation of probation)

*** Non-completion code is considered not within the FFT therapist's control; therefore, youth discharged for this reason are excluded from ultimate outcomes reporting.**

Appendix 2 – FFT Provider Level Data

Table 1 – FFT Case Operation and Outcomes Data for Youth Funded by DJS

FFT Quarterly Report: Report Period 1/1/2012 - 3/31/2012

Providers: Baltimore County Bureau of Behavioral Health (BBH); Center for Children (CFC); VisionQuest (VQ)

Provider:	BBH	CFC				VQ							
County:	Balt. Co.	Anne Arundel	Calvert	Charles	St. Mary's	Balt. City	Balt. Co.	Carroll	Eastern Shore	Harford	Howard	Montgomery	Prince George's
Total referrals		26	5	16	15	57	2	2	11	2	3	22	18
Total youth served		66	11	38	22	97	4	5	29	3	3	50	36
Total cases discharged		27	1	15	9	43	2	3	14	1	0	23	7
Discharges within control		23	1	13	8	35	2	2	13	1	N/A	21	6
Length of stay (Mean & Range in days)		137 (54-278)	164 (164)	150 (49-303)	105 (57-167)	124 (36-267)	101 (87-115)	87 (78-95)	109 (66-156)	98 (98)	N/A	114 (29-181)	91 (60-110)
ULTIMATE OUTCOMES (For youth who completed treatment or were discharged for a reason within the therapist's control)													
# (%) youth living at home		19 (83%)	1 (100%)	12 (92%)	8 (100%)	25 (71%)	1 (50%)	1 (50%)	12 (92%)	1 (100%)	N/A	20 (95%)	2 (33%)
# (%) youth in school/work		20 (87%)	1 (100%)	13 (100%)	8 (100%)	25 (71%)	2 (100%)	2 (100%)	13 (100%)	1 (100%)	N/A	21 (100%)	4 (67%)
# (%) youth with no new arrests		19 (83%)	1 (100%)	12 (92%)	7 (88%)	26 (74%)	2 (100%)	1 (50%)	12 (92%)	1 (100%)	N/A	19 (91%)	4 (67%)
REASONS FOR DISCHARGES													
# completed		17	0	11	8	21	1	1	11	1	N/A	14	2
# drop out/quit		1	1	1	0	5	0	0	1	0	N/A	5	0
# no longer able to contact		1	0	0	0	0	0	0	0	0	N/A	0	0
# youth runaway		1	0	0	0	1	1	0	0	0	N/A	0	2
# moved		2	0	0	1	0	0	0	0	0	N/A	1	0
# administrative discharge		1	0	2	0	8	0	1	1	0	N/A	1	1
# placed out of home		1	0	1	0	0	0	0	0	0	N/A	1	1
# incarcerated		2	0	0	0	8	0	1	1	0	N/A	1	1
# deceased		0	0	0	0	0	0	0	0	0	N/A	0	0
# referred to other services		1	0	0	0	0	0	0	0	0	N/A	0	0

Note: Length of Stay and Outcomes are reported for discharges within the FFT therapist's control.

Appendix 2 – FFT Provider Level Data

Table 2 – FFT Case Operation and Outcomes Data for Youth Funded by CCIF

FFT Quarterly Report: Report Period 1/1/2012 - 3/31/2012

Providers: Baltimore County Bureau of Behavioral Health (BBH); Center for Children (CFC); VisionQuest (VQ)

Provider:	BBH	CFC				VQ							
County:	Balt. Co.	Anne Arundel	Calvert	Charles	St. Mary's	Balt. City	Balt. Co.	Carroll	Eastern Shore	Harford	Howard	Montgomery	Prince George's
Total referrals	54			6									
Total youth served	45			18									
Total cases discharged	13			8									
Discharges within control	12			7									
Length of stay (Mean & Range in days)	167 (34-343)			132 (70-223)									
ULTIMATE OUTCOMES (For youth who completed treatment or were discharged for a reason within the therapist's control)													
# (%) youth living at home	12 (100%)			6 (86%)									
# (%) youth in school/work	12 (100%)			7 (100%)									
# (%) youth with no new arrests	11 (92%)			6 (86%)									
REASONS FOR DISCHARGES													
# completed	8			6									
# drop out/quit	4			1									
# no longer able to contact	0			0									
# youth runaway	0			0									
# moved	0			0									
# administrative discharge	1			1									
# placed out of home	0			0									
# incarcerated	0			0									
# deceased	0			0									
# referred to other services	0			0									

Note: Length of Stay and Outcomes are reported for discharges within the FFT therapist's control.

Appendix 2 – FFT Provider Level Data

Table 3 – FFT Case Operation and Outcomes Data for Youth Funded by DSS

FFT Quarterly Report: Report Period 1/1/2012 - 3/31/2012

Providers: Baltimore County Bureau of Behavioral Health (BBH); Center for Children (CFC); VisionQuest (VQ)

Provider:	BBH	CFC				VQ							
County:	Balt. Co.	Anne Arundel	Calvert	Charles	St. Mary's	Balt. City	Balt. Co.	Carroll	Eastern Shore	Harford	Howard	Mont-gomery	Prince George's
Total referrals	25												
Total youth served	23												
Total cases discharged	10												
Discharges within control	7												
Length of stay (Mean & Range in days)	164 (88-218)												
ULTIMATE OUTCOMES (For youth who completed treatment or were discharged for a reason within the therapist's control)													
# (%) youth living at home	6 (86%)												
# (%) youth in school/work	6 (86%)												
# (%) youth with no new arrests	5 (71%)												
REASONS FOR DISCHARGES													
# completed	6												
# drop out/quit	1												
# no longer able to contact	0												
# youth runaway	0												
# moved	0												
# administrative discharge	2												
# placed out of home	0												
# incarcerated	0												
# deceased	0												
# referred to other services	1												

Note: Length of Stay and Outcomes are reported for discharges within the FFT therapist's control.

Appendix 2 – FFT Provider Level Data

Table 4 – FFT Case Operation and Outcomes Data for Youth Funded by OTHER SOURCES (MEDICAID)

FFT Quarterly Report: Report Period 1/1/2012 - 3/31/2012

Providers: Baltimore County Bureau of Behavioral Health (BBH); Center for Children (CFC); VisionQuest (VQ)

Provider:	BBH	CFC				VQ							
County:	Balt. Co.	Anne Arundel	Calvert	Charles	St. Mary's	Balt. City	Balt. Co.	Carroll	Eastern Shore	Harford	Howard	Montgomery	Prince George's
Total referrals			2	0									
Total youth served			6	0									
Total cases discharged			2	0									
Discharges within control			2	N/A									
Length of stay (Mean & Range in days)			168 (126-210)	N/A									
ULTIMATE OUTCOMES (For youth who completed treatment or were discharged for a reason within the therapist's control)													
# (%) youth living at home			2 (100%)	N/A									
# (%) youth in school/work			2 (100%)	N/A									
# (%) youth with no new arrests			2 (100%)	N/A									
REASONS FOR DISCHARGES													
# completed			2	N/A									
# drop out/quit			0	N/A									
# no longer able to contact			0	N/A									
# youth runaway			0	N/A									
# moved			0	N/A									
# administrative discharge			0	N/A									
# placed out of home			0	N/A									
# incarcerated			0	N/A									
# deceased			0	N/A									
# referred to other services			0	N/A									

Note: Length of Stay and Outcomes are reported for discharges within the FFT therapist's control.

Appendix 3 – Maryland Evidence-Based Practices Admission Process

Table 1 – Functional Family Therapy (FFT) Admission Process Summary: 3rd Quarter, FY12

Includes youth funded by DJS who started services during 3rd Quarter, FY12

Providers: Center for Children, VisionQuest

PROVIDER/ JURISDICTION	<u>PENDING DECISION:</u> Length of time (in weekdays) between date of referral and date of initial eligibility decision		<u>PENDING ADMISSION:</u> Length of time (in weekdays) between date of initial eligibility decision and date youth started services		<u>GLOBAL ADMISSION LENGTH:</u> Length of time (in weekdays) between date of referral and date youth started services	
	AVERAGE	RANGE	AVERAGE	RANGE	AVERAGE	RANGE
<i>DJS funded youth</i>						
<i>Center for Children</i>						
Anne Arundel County (n=18)	<1	0-1	23	3-42	23	3-42
Calvert County (n=4)	0	0	14	10-21	14	10-21
Charles County (n=8)	<1	0-1	19	7-36	20	7-36
St. Mary's County (n=10)	0	0	19	0-36	19	0-36
<i>Vision Quest</i>						
Baltimore City (n=36)	0	0	9	1-36	9	1-36
Baltimore County (n=2)	<1	0-1	4	3-4	4	4
Carroll County (n=2)	1	1	7	2-11	8	3-12
Eastern Shore Region (n=12)	4	0-19	11	2-30	14	2-30
Harford County (n=2)	<1	0-1	4	3-4	4	3-5
Howard County (n=3)	<1	0-1	10	4-21	10	4-21
Montgomery County (n=24)	2	0-17	8	2-21	10	2-22
Prince George's County (n=23)	11	0-44	10	0-30	21	1-50

Appendix 3 – Maryland Evidence-Based Practices Admission Process

Table 2 – Functional Family Therapy (FFT) Admission Process Summary: 3rd Quarter, FY12

Includes youth funded by CCIF, DHR, and Other funding sources who started services during 3rd Quarter, FY12
 Providers: Baltimore County Bureau of Behavioral Health, Center for Children, & Vision Quest

PROVIDER/ JURISDICTION	PENDING DECISION: Length of time (in weekdays) between date of referral and date of initial eligibility decision		PENDING ADMISSION: Length of time (in weekdays) between date of initial eligibility decision and date youth started services		GLOBAL ADMISSION LENGTH: Length of time (in weekdays) between date of referral and date youth started services	
	AVERAGE	RANGE	AVERAGE	RANGE	AVERAGE	RANGE
CCIF funded youth						
Baltimore County Bureau of Behavioral Health						
Baltimore County (n=19)	<1	0-3	39	8-76	39	8-79
Center for Children						
Charles County (n=7)	0	0	30	3-60	30	3-60
DSS funded youth						
Baltimore County Bureau of Behavioral Health						
Baltimore County (n=10)	<1	0-2	12	2-22	13	2-22
Other funded youth (Medicaid)						
Center for Children						
Calvert County (n=3)	0	0	53	15-125	53	15-125

Factors impacting the duration of:

- *Pending Decision* include the referring agency, the transfer process between the referral agency and the provider agency, the provider/therapist, and the family
- *Pending Admission* include the provider/therapist and the family availability

Appendix 4 – Maryland Evidence-Based Practices Length of Stay

Table 1 – Functional Family Therapy (FFT) Length of Stay Summary: 3rd Quarter, FY12

Includes youth funded by DJS who discharged within therapist control during 3rd Quarter, FY12
 Providers: Center for Children, VisionQuest

PROVIDER/ JURISDICTION	LENGTH OF STAY: Length of time (in weekdays) between date youth started services and date of discharge					
	<i>Discharged within therapist control</i>			<i>Completed treatment</i>		
	<i>N</i>	<i>AVERAGE</i>	<i>RANGE</i>	<i>N</i>	<i>AVERAGE</i>	<i>RANGE</i>
DJS funded youth						
Center for Children						
Anne Arundel County	23	137	54-278	17	142	54-278
Calvert County	1	164	164	0	N/A	N/A
Charles County	13	150	49-303	11	161	49-303
St. Mary's County	8	105	57-167	8	105	57-167
Vision Quest						
Baltimore City	35	124	36-267	21	135	74-267
Baltimore County	2	101	87-115	1	115	115
Carroll County	2	87	78-95	1	95	95
Eastern Shore Region	13	109	66-156	11	113	85-156
Harford County	1	98	98	1	98	98
Howard County	0	N/A	N/A	0	N/A	N/A
Montgomery County	21	114	29-181	14	133	91-181
Prince George's County	6	91	60-110	2	102	93-110

Appendix 4 – Maryland Evidence-Based Practices Length of Stay

Table 2 – Functional Family Therapy (FFT) Length of Stay Summary: 3rd Quarter, FY12

Includes youth funded by CCIF & DHR who discharged within therapist control during 3rd Quarter, FY12
 Providers: Baltimore County Bureau of Behavioral Health, Center for Children, & Vision Quest

PROVIDER/ JURISDICTION	<u>LENGTH OF STAY:</u> Length of time (in weekdays) between date youth started services and date of discharge					
	<i>Discharged within therapist control</i>			<i>Completed treatment</i>		
	<i>N</i>	<i>AVERAGE</i>	<i>RANGE</i>	<i>N</i>	<i>AVERAGE</i>	<i>RANGE</i>
<i>CCIF funded youth</i>						
<i>Baltimore County Bureau of Behavioral Health</i>						
Baltimore County	12	167	34-343	8	185	139-268
<i>Center for Children</i>						
Charles County	7	132	70-223	6	126	70-223
<i>DSS funded youth</i>						
<i>Baltimore County Bureau of Behavioral Health</i>						
Baltimore County	7	164	88-218	6	177	145-218
<i>Medicaid funded youth</i>						
<i>Center for Children</i>						
Calvert County	2	168	126-210	2	168	126-210