

BROOKE WARD DRAFT.pdf

Uploaded by: Brooke Ward

Position: FAV



Michael Ward <wardmichael7@gmail.com>

(no subject)

1 message

Michael Ward <wardmichael7@gmail.com>

Tue, Feb 24, 2026 at 2:10 PM

To: Michael Ward <wardmichael7@gmail.com>

Draft.

Ward Family Statement:

My name is Brooke Ward, I am Kanaiyah's Mother. I'm here today with my father, her Grandfather, Mr. Michael Ward in the hopes that our collection action today means that no daughter has to bury her daughter because of the failures of systems designed to protect her.

Kanaiyah was a wonderful daughter and we will miss her. But I hope that you do not think we are here to just memorialize a loss. We are hoping that the young men and women who need the help get it and that the systems that rely upon to work to protect and serve them actually work.

I fully support the work of what I hope will become Kanaiyah's Law. I hope we can all put politics aside and focus on something we all have in common, the love of our children.

I look forward to providing any help I can for this law. And I am thrilled to have the support of my family as it professes.

I would like to say thank you to my representatives, Mr. Thomas Doyle, Esquire, Mr. DeMaurice Smith, Esquire, and Mr. Scott Lerner, Esquire from the law firm of White & Case who are my representatives in this matter.

Thank you for continuing to supporting Kanaiyah.

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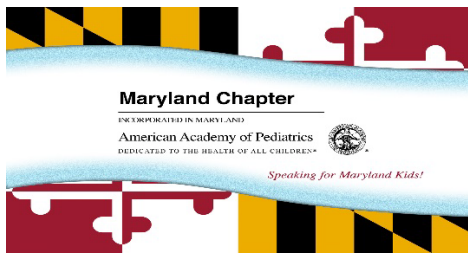
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Thank you for continuing to supporting Kanaiyah.

HB0980_FAV_MDAAP_Family Law & State Gov't. - Child

Uploaded by: Christine Krone

Position: FAV



House Judiciary Committee

February 26, 2026

House Bill 980 – *Family Law and State Government – Child Protection and the Office of the Child Welfare Ombudsman (Kanaiyah's Law)*

POSITION: SUPPORT

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for House Bill 980.

House Bill 980 creates independent oversight through the Office of the Child Welfare Ombudsman and enhances child protection requirements. This kind of accountability is essential in light of recent findings from the Office of Legislative Audits within the Department of Legislative Services, which documented persistent and severe deficiencies in Maryland's child welfare system between May 2020 and May 2024. Those findings included failures to ensure background checks, oversight gaps that allowed children to live in unsafe conditions, and placement of hundreds of children in unlicensed settings such as hotels, some for nearly two years, as well as alarming lapses in required services like health evaluations and monitoring. The audit further found that longstanding issues, including incomplete compliance with core child welfare standards, have persisted over multiple audit cycles, suggesting that current systems lack sufficient accountability and corrective mechanisms.

House Bill 980 adds needed oversight, allows independent review of complaints, and strengthens compliance and reporting requirements. These changes are essential to improving safety and outcomes for children in the child welfare system.

At the same time, while the MDAAP supports prohibiting children's placement in unlicensed settings, the audit makes clear that such placements have been a symptom of deeper structural challenges, including chronic shortages of licensed foster and kinship placements and procedural breakdowns at the agency level. **Simply banning unlicensed placements, without simultaneously expanding safe placement options and resources, risks leaving the system without viable alternatives for children facing crisis.**

Therefore, MDAAP's support for House Bill 980 is qualified by our call for parallel investments in placement capacity, trauma-informed services, and agency resources so that every child can be placed promptly and safely in the most appropriate setting.

For more information call:

Christine K. Krone

J. Steven Wise

Danna L. Kauffman

Andrew G. Vetter

410-244-7000

Maryland Catholic Conference_FAV_HB980.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 26, 2026

House Bill 908
Family Law and State Government - Child Protection and the Office of the Child
Welfare Ombudsman (Kanaiyah's Law)
House Judiciary Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

House Bill 908 requires that a juvenile court include in an order granting guardianship of a child to a specific individual a requirement that the individual provide a criminal records history check to a local department of social services regarding an adult who resides in the home of the guardian; establishing procedures for the review of certain guardianships of certain children by the juvenile court under certain circumstances; prohibiting the Social Services Administration from allowing the placement of children in unlicensed settings

The urgency of these reforms is clear. A child under the supervision of the Maryland Department of Human Services was found deceased on September 22 at the Residence Inn by Marriott Baltimore at The Johns Hopkins Medical Campus.¹ Her name was Kenaiyah Ward. Her death followed the release of a troubling audit of the Social Services Administration within DHS, which revealed longstanding systemic failures. Among the findings were failures to ensure required background checks for individuals interacting with children, the absence of a consistent process to reconcile providers with the Sex Offender Registry, and an overreliance on hotel placements and unlicensed providers.²

The audit further found that SSA did not consistently ensure that foster children were placed in settings authorized by state law. While short-term emergency placements may occasionally

¹ <https://www.baltimoresun.com/2025/10/02/mike-griffith-proposes-kanaiyahs-law/>

² <https://marylandmatters.org/2025/09/17/state-may-have-put-children-in-homes-where-registered-sex-offenders-lived/?emci=37fe0730-9594-f011-b484-6045bdeb7413&emdi=230d9c40-a294-f011-b484-6045bdeb7413&ceid=554789>

require temporary hotel stays, some children were housed in hotels for months—and in some cases, up to two years. Many of these children had behavioral or medical needs requiring specialized foster care placements. Yet some were supervised by one-on-one vendors who were not licensed providers, meaning there was no assurance they were receiving appropriate care, services, or oversight.

Every child deserves more than temporary shelter—they deserve stability, safety, and the opportunity to thrive. Requiring background checks for all adults in a guardian’s home and prohibiting unlicensed placements strengthens protections and affirms that children in state custody are not forgotten or overlooked. These reforms promote a child welfare system that prioritizes safe, stable, and properly supervised environments. As Pope Leo XIV has urged, we must “find ways to work together in greater harmony so that children receive care that is well balanced, taking into consideration their physical, psychological and spiritual welfare.”³ This legislation moves Maryland closer to that goal by placing the dignity, safety, and well-being of children at the center of policy decisions.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **HB 908**.

Thank you for your consideration.

³ <https://www.usccb.org/news/2026/pope-warns-little-progress-has-been-made-protect-children-worldwide>

HB980.pdf

Uploaded by: Grant Handley

Position: FAV

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**President and Founding
Member
2016-2018**

Honorable Chair Bartlett and Members of the Committee,

On behalf of CASA of Cecil County, we submit testimony in support of House Bill 980, *Kanaiyah's Law*.

HB 980 strengthens Maryland's child protection system by establishing critical safeguards for children placed under guardianship, expanding criminal history record check requirements to include adults residing in a guardian's home, and prohibiting the placement of children in unlicensed settings such as hotels or other nonresidential environments. The bill also creates the Office of the Child Welfare Ombudsman within the Office of the Attorney General to provide a transparent and accessible complaint process for children, families, and stakeholders involved in the child welfare system.

From CASA's direct work in child welfare cases, we know that children who have experienced abuse or neglect require not only permanency, but continued safety and accountability even after a guardianship order is entered. CASA volunteers frequently work with children whose stability depends on the reliability of their placement environment and the system's ability to identify risks before harm occurs. Ensuring that all adults in a guardian's household undergo appropriate background checks and preventing placements in unsafe, unlicensed settings are essential protections for vulnerable children.

By strengthening oversight, improving placement standards, and establishing an independent Office of the Child Welfare Ombudsman, HB 980 enhances Maryland's ability to protect children, respond to concerns in a timely manner, and promote public confidence in the child welfare system.

CASA of Cecil County strongly urges a favorable report on HB 980.

Respectfully submitted,
Grant Handley
CASA of Cecil County



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CASA of Cecil County is a non-profit 501(c)(3) corporation, ID# 52-1734508



HB980 - Kanaiyahs Law - SWA.pdf

Uploaded by: Annie Coble

Position: FWA

TO: The Honorable Sandy Bartlett, Chair
House Judiciary Committee

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

HB980
Favorable with
Amendments

DATE: February 26, 2026

RE: HB980 FAMILY LAW AND STATE GOVERNMENT - CHILD PROTECTION AND THE OFFICE OF THE CHILD WELFARE OMBUDSMAN (KANAIYAH'S LAW)

Johns Hopkins supports **HB980 Kanaiyah's Law** with an amendment. This bill streamlines processes and creates accountability by the State to better support children in their custody. Improving the care for children in State custody should be the top priority, and we are pleased that the Sponsor is bringing this to the attention of the General Assembly. This is an important issue for Johns Hopkins as frequently children in State custody end up in our hospitals until appropriate, longer term placements can be identified. This negatively impacts the child, and hospital operations.

In 2024, Johns Hopkins Children's Center (JHCC) experienced 1,591 days of pediatric overstay, which is the classification used to define children who are left in hospitals without residential placement. Of these 1,039 days, or 65%, were children awaiting Department of Social Services placement. These children are left in the hospital without receiving support services that they are entitled to because of policies limiting when the State/local agencies can officially take care and custody.

Pediatric hospital overstays also impact our ability to fulfill our core function of providing acute medical care to those in need. Last year, alone, 162 transport calls requesting admission were denied due to lack of bed capacity at JHCC. Of the 162 calls denied admission, 16 required critical care and were airlifted to pediatric facilities in neighboring jurisdictions.

We do note that hospitals are not included in the current proposed definition of an unlicensed setting but should be. Hospitals are not appropriate placements for these children, beyond what is medically necessary. We support MHA's amendment to include hospitals in the definition of an unlicensed setting.

In our experience, there is a great deal of variability between the understanding and implementation of DHS/SSA policies by the local jurisdictions. We would encourage there to be more alignment amongst the variation, so we can be assured there will be the same support for children regardless of where they reside. The Ombudsman created in this bill would help create this alignment and accountability.

Another concern is that there is no centralized way to count children in overstay status at the hospital, due to the absence of a reliable state-wide database, forcing children in overstay status to be counted on a by-hospital basis. One of the main reasons for the absence of a state-wide database is the State's policy dictating when it will take "care and custody" of children. Under the current practice, the State does not take "care and custody" of a child until an appropriate placement is confirmed, which often leaves a child in hospitals for weeks while efforts to identify a placement are underway, but not counted under the State's criteria as officially in "overstay" status. Again, the Ombudsman created in

JOHNS HOPKINS

UNIVERSITY & MEDICINE

this bill would help change these practices to account for children in need of assistance, stuck in hospitals, rather than those already in “care and custody.”

Again, Johns Hopkins is incredibly appreciative of the Sponsor and the Committee for dedicating time to finding a solution to this problem and helping Maryland’s most vulnerable citizens.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE with MHA’s amendment** committee report on HB980.

HB0980_DHS_FWA.pdf

Uploaded by: Gloria Brown-Burnett

Position: FWA



DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor · Aruna Miller, Lt. Governor · Gloria Brown Burnett, Interim Secretary

February 26, 2026

The Honorable Sandy Bartlett, Chair
House Judiciary Committee
100 Lowe House Office Building
Annapolis, Maryland 21401

RE: TESTIMONY ON HB0980 - FAMILY LAW AND STATE GOVERNMENT - CHILD PROTECTION AND THE OFFICE OF THE CHILD WELFARE OMBUDSMAN (KANAIYAH'S LAW) - POSITION: FAVORABLE WITH AMENDMENTS

Dear Chair Bartlett and Members of the Judiciary Committee:

The Maryland Department of Human Services (DHS) thanks the Committee for its consideration and respectfully requests a favorable with amendments report for House Bill 980 (HB 980).

With offices in every one of Maryland's jurisdictions, DHS provides preventative and supportive services, economic assistance, and meaningful connections to employment development and career opportunities to assist Marylanders in reaching their full potential. Our Social Services Administration (SSA) implements the Out-of-Home Placement (OOH), Prevention and Child Safety (PCS), and Well-Being and Clinical Services (WCS) programs, which are affected by HB 980. HB 980 is split into three distinct sections: codifying current policy related to unlicensed settings, addressing post-guardianship criminal history checks, and establishing an additional ombudsman for foster youth.

Under the Moore-Miller Administration, DHS has worked tirelessly to move toward the complete elimination of stays in unlicensed settings for youth in our care. Since the first legislative session of this administration, we proposed provider rate reform for children who require intensive services in a more restrictive setting. In 2025, DHS proposed [Senate Bill 191 \(2025\)](#), which would have prohibited a child in need of assistance from being placed in an unlicensed setting except under certain limited circumstances. DHS continues to progress, including a [directive](#) sent on October 22, 2025 by former Secretary Rafael López to all 24 local departments of social services instructing them to "immediately stop facilitating stays in unlicensed settings for

youth experiencing out-of-home care.” In September 2025, DHS began using a family finding software to improve our family finding and preservation services. Since that time, caseworkers increased the number of least restrictive, family-like placements by identifying over 4,300 potential kin connections – an average of 26 per child. More connections means more placement options to meet a child’s needs.

We support the sponsor’s intent to codify the work of this administration by ensuring that unlicensed settings are prohibited by law. DHS offers one technical amendment to this portion of HB 980, as the definition of unlicensed settings in the bill could be construed to include semi-independent living arrangements (SILA). Our amendment clarifies that SILAs are an exception to the unlicensed setting prohibition, allowing youth to continue living on college campuses and in their own homes and apartments.

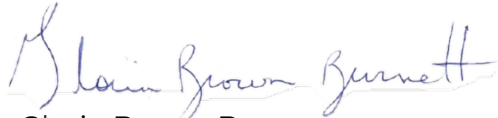
DHS understands the legislature may want to tie Guardianship Assistance payments to ongoing criminal history checks of adults living in the home. DHS legal authority does not currently exist for subjecting legal guardians to additional eligibility requirements, including increased oversight of their right to direct the care of their child. Once guardianship is granted by a juvenile court, that child is outside of the care and custody of DHS. Furthermore, there is an abundance of case law to reinforce the concept that legal guardians are protected from intrusions of privacy to the same degree as biological parents. Where the Department has some authority over the eligibility requirements for guardians relates to their participation in the Guardianship Assistance Program (GAP). Today, GAP is governed solely through [COMAR 07.02.29 - Guardianship Assistance Program](#) and has no reference in Maryland statute. To achieve the goal of HB 980 without creating inadvertent challenges in other areas of law, DHS suggests amending the bill to remove references to [Courts and Judicial Proceedings § 3-819.2](#), [Family Law § 5-324](#), [Family Law § 5-326](#), [Family Law § 5-328](#), and [Family Law § 5-551](#). Alternatively, we propose creating a new section to codify the GAP program under Family Law § 5-530.1.

Under the GAP program, a guardian receives financial support on behalf of the child in their care and custody until the child turns 21 years old. Continued GAP payments are contingent upon annual recertification by the Department. The amendments DHS proposes to HB 980 require that, as a condition of recertification for GAP, all new adult household members and household members who turned 18 be subject to a background check. This accomplishes the original goals of HB 980, as drafted, but affords more respect for the constitutional rights of legal guardians to the degree extended to biological parents.

DHS appreciates the sponsor's intent to provide new oversight and accountability for children in care with the creation of the Office of the Child Welfare Ombudsman. In light of the fiscal condition of the state, we appreciate the sponsor's continued collaboration to find a solution that balances fiscal resources with responsible oversight. Given the significant uncertainty in federal policy and the escalating fiscal shortfalls forecasted through Fiscal Year 2028, the Department urges caution against legislation that increases expenditures or diverts revenue without sustainable funding offsets. In light of the current fiscal crisis, the State must remain disciplined and strategic in its funding decisions to protect essential services for all Marylanders.

We thank Delegate Griffith for working with DHS to further the goals of the Moore-Miller Administration and ensuring that youth in the care and custody of the state are protected and supported. We appreciate the opportunity to offer favorable with amendments testimony to the Committee for consideration during your deliberations. If you require additional information, please contact Justin Hayes, Acting Director of Government Affairs, at justin.hayes1@maryland.gov.

In service,

A handwritten signature in blue ink that reads "Gloria Brown Burnett". The signature is written in a cursive style with a large initial "G".

Gloria Brown Burnett
Interim Secretary

Proposed Amendments

Amendment No. 1

On page three, lines 15 - 27, repeal all proposed changes to Courts and Judicial Proceedings § 3-819.2.

Amendment No. 2

On page three, lines 27 - 32, page four, lines 1 - 31, and page five, lines 1 - 8, repeal all proposed changes to Family Law § 5-324.

Amendment No. 3

On page five, lines 9 - 14, repeal all proposed changes to Family Law § 5-326.

Amendment No. 4

On page five, lines 15 - 30, and page six, lines 1 - 2, repeal all proposed changes to Family Law § 5-328.1.

Amendment No. 5

On page six, between lines 14 and 15, insert a new line which states:

(3) "Semi-independent living arrangement" means a subsidized living arrangement for youth receiving youth transitional services in an apartment, boarder arrangement, college dorm or other living arrangement approved by the local department, except that a local department may not approve an arrangement for housing in a transient or emergency-type facility, such as a rescue mission, nonresidential hotel, motel, adult shelter, or tourist home;

Renumber beginning with: “~~(3)~~ **(4)** “Unlicensed Setting” means” on the line below.

Amendment No. 6

On page six, line 25, before “or”, insert: “**(ii) a “semi-independent living arrangement”** and renumber beginning with: “~~(ii)~~ **(iii)** the placement of a child with:” on the line below.

Amendment No. 7

On page seven, after line 31, insert new section that reads:

Family Law § 5-530.1

(a) The Secretary of Human Services shall establish and maintain a Guardianship Assistance Program to promote the placement and maintenance of children in permanent guardianship homes.

(b) A guardian for a child may be eligible for monetary and medical assistance if:

(1) The guardian was appointed under § 5-326 of this subtitle or § 3-819.2 of the Courts Article of a minor child;

(2) The child was placed in foster care, as defined in Family Law § 5-501(c), in the guardian’s family home at least six consecutive months prior to the appointment of the guardian; and

(3) The guardian entered into a written voluntary guardianship assistance agreement with a local department of social services prior to the appointment of the guardian.

(c) The guardianship assistance may continue after the child reaches the age of 18 years if the individual is attending school, employed on at least a

part-time basis, participating in a program designed to promote employment opportunities, or is incapable of working due to a disability.

(d) The guardianship assistance shall terminate no later than the day of the child's 21st birthday.

(e) The local department may terminate the guardianship assistance if it determines, following an annual review, that an adult lives in the guardian's home and is under the supervision of a criminal court following a conviction for a crime of violence of a child victim or required to register with a supervisory authority under § 11-704 of the Criminal Procedure Article.

(f) The Secretary of Human Services shall adopt regulations and policies consistent with this statute.

Amendment No. 8

On page seven, line 32, page eight, lines 1 - 31, page nine, lines 1 - 33, and page ten lines 1 - 11, repeal all proposed changes to Family Law § 5-551.

Amendment No. 9

On page twenty one, line 9, strike "6" and insert "7". Lines 8 - 9 on page twenty one will now read:

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2026⁷

HB 980 - Kanaiyah's Law - SWA.pdf

Uploaded by: Jane Krienke

Position: FWA



Maryland
Hospital Association

**House Bill 980 - Family Law and State Government - Child Protection and the Office of the
Child Welfare Ombudsman (Kanaiyah's Law)**

Position: *Support with Amendments*

February 26, 2026

House Judiciary Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 980 with amendments.

We support HB 980 because it would prohibit the Department of Human Services from placing foster youth in unlicensed out of home placements, such as hotels. However, we respectfully request that the Committee amend the bill to clarify that hospital emergency departments and inpatient units may not be used as out of home placements for foster youth who have been medically cleared and do not require acute medical care. Hospitals are licensed to provide medical treatment and stabilization and are not regulated or intended to function as out of home placements.

While hospitals are inappropriate and unsafe places for youth who do not need medical care, this practice continues to occur across Maryland.

According to state and MHA data, as of Jan. 31, 2026, there were 33 children across Maryland experiencing a pediatric hospital overstay—13 girls and 20 boys. Twenty-four of them were actively involved with the state, with seven in the care and custody of DHS, 17 pending a voluntary placement agreement, and five of the youth and their families working with DHS.

Maryland hospital emergency departments and inpatient units are inappropriately serving as out of home placements for children and youth who have been medically cleared for discharge. These youth remain in the hospital for days, weeks, and months because there is no other placement option available. Generally, these youth are waiting to be placed in a residential treatment center, therapeutic foster home, or group home. Sometimes a facility has accepted these youth, but a bed is not yet available. In these circumstances, hospitals become holding sites, where children wait for an unknown amount of time for appropriate care, while frontline hospital staff do their best to meet their needs and provide a sense of normalcy.

Acute care hospital beds are meant for short-term stabilization. They were never meant for long-term stays and are not appropriate or licensed for the long-term non-medical care of a child. The inappropriate use of these beds is harmful.

Children and youth with true medical emergencies and acute care needs cannot access the care they need. And the children and youth stuck waiting for an open bed in another placement remain in an overly restrictive environment that is not equipped to provide the care and treatment they need.

Using acute care hospitals as a waiting place for children and youth who have been medically cleared is harmful and unsustainable. MHA and the hospital field propose the attached amendment to define hospitals as unlicensed out of home placements for the purpose of housing children and youth in the care and custody of the state.

We respectfully urge the Committee to adopt this clarifying amendment so that medically cleared youth are cared for in the most appropriate out-of-home placement and hospitals can remain focused on delivering acute care to those who need it. At the same time, we must continue working to ensure sufficient, appropriate placement options are available across the continuum of care.

These placements should be therapeutic, home-like and not more restrictive than necessary. Maryland's children and youth deserve nothing less than our best.

For these reasons, we request a favorable report on HB 980 with the proposed amendment.

For more information, please contact:

Jane Krienke, Assistant Vice President, Government Affairs & Policy
Jkrienke@mhaonline.org

MHA Proposed Amendment to House Bill 980:

Amendment No. 1. On pg. 6, line 15, strike “setting” line 16, and insert “**OUT OF HOME PLACEMENT**”.

Amendment No. 2. On pg. 6, line 16 after “licensed,” and insert, “**BY THE DEPARTMENT OF HUMAN SERVICES OR DEPARTMENT OF HEALTH FOR CUSTODY, PLACEMENT, WELFARE, AND HOUSING OF CHILDREN.**”

Amendment No. 3. On pg. 6, line 17, strike “setting,” and insert, “**OUT OF HOME PLACEMENT**”

Amendment No. 4. On pg. 6, line 20, strike, “and”.

Amendment No. 5. On pg. 6, line 23, insert, “4. **A HOSPITAL AS DEFINED IN HEALTH GENERAL 19-301 AND A FREESTANDING MEDICAL FACILITY AS DEFINED IN HEALTH GENERAL 19-3A-01.**”

Amendment No. 6. On pg. 7, line 30, strike, “BE PLACED” and insert, “**STAY.**”

Proposed Amendments:

(3) (I) “~~UNLICENSED SETTING OUT OF HOME PLACEMENT~~” MEANS A ~~SETTING FOR AN OUT-OF-HOME PLACEMENT THAT IS NOT LICENSED~~ **BY THE DEPARTMENT OF HUMAN SERVICES OR DEPARTMENT OF HEALTH FOR CUSTODY, PLACEMENT, WELFARE, AND HOUSING OF CHILDREN.**

(II) “~~UNLICENSED SETTING OUT OF HOME PLACEMENT~~” INCLUDES:

1. A HOTEL, MOTEL, OR SHORT-TERM RENTAL;
2. A SHELTER DESIGNATED TO MEET THE NEEDS OF A CHILD WHO HAS RUN AWAY OR WHO IS HOMELESS; ~~AND~~
3. AN OFFICE BUILDING OR OTHER NONRESIDENTIAL ENVIRONMENT; ~~AND~~ **4. A HOSPITAL AS DEFINED IN HEALTH GENERAL 19-301 AND A FREESTANDING MEDICAL FACILITY AS DEFINED IN HEALTH GENERAL 19-3A-01.**

(c) In establishing the out-of-home placement program the Administration:

(1) shall:

[1] (I) provide time-limited family reunification services to a child placed in an out-of-home placement and to the parents or guardian of the child, in order to facilitate the child’s safe and appropriate reunification within a timely manner;

[(2)] **(II)** concurrently develop and implement a permanency plan that is in the best interests of the child; and

[(3)] **(III)** provide training on an annual basis for the staff at each local department who administer requests for voluntary placement agreements for children with developmental disabilities or mental illnesses under subsection (b) of this section; **AND**

(2) MAY NOT ALLOW A CHILD TO ~~BE PLACED~~ STAY IN AN UNLICENSED OUT OF HOME PLACEMENT.

DRMtestimony.HB980.pdf

Uploaded by: Leslie Margolis

Position: FWA

HOUSE JUDICIARY COMMITTEE

**HOUSE BILL 980: Family Law and State Government—Child Protection and the Office of the
Child Welfare Ombudsman (Kanaiyah’s Law)**

February 26, 2026

POSITION: SUPPORT WITH AMENDMENT

Disability Rights Maryland (DRM), a non-profit legal advocacy organization, is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of individuals with disabilities. For more than 40 years, DRM has represented Maryland children, youth, and adults with disabilities, including, for approximately 15 years, children with disabilities in Child in Need of Assistance (CINA) proceedings in juvenile courts throughout the state. DRM continues to represent foster children in individual education cases and systemic litigation and provides support to CINA attorneys who seek DRM’s expertise in complex disability-related matters. We support House Bill 980 with an amendment to broaden the definition of “unlicensed setting.”

House Bill 980 would, if enacted, provide more protection to children and youth for whom the Department of Human Services (DHS) has responsibility. The bill prohibits DHS from placing a child in an unlicensed setting, which includes a hotel, motel or short-term rental, a shelter, and an office building or other nonresidential environment. Notably, the definition does not include hospitals, which, although licensed as hospitals, are not licensed as foster homes or child placements. DRM is concerned that by not including hospitals and emergency departments in the definition of unlicensed settings, the bill implies, as DHS has argued, that hospitals are less harmful than other settings such as hotels for children and youth in overstay status because the children in overstay get meals and have a roof over their heads.

As co-counsel in the *T.G.* hospital overstay lawsuit, brought against DHS and the Maryland Department of Health, and as a member of the Unlicensed Settings and Pediatric Overstay workgroup instituted in response to legislation enacted by the Maryland General Assembly in 2025, we know that hospital overstays cause significant harm to children and youth; while in overstay status, they receive no education other than, for some children, a few hours a week of tutoring, and they do not have access to fresh air, to their friends and relatives, or to therapeutic services they may need. DRM is aware of a child who has been boarding in a hospital emergency department since early August, 2025. The child has spent more than six months in a small emergency department room amid the noise and chaos of an emergency

House Bill 980: Testimony of Disability Rights Maryland, Page Two

department without school, which has impacted their ability to obtain credits towards a high school diploma. In our court filing, we discussed children whose mental health has declined while in overstay, children who sleep a lot because there is little else to do, and children who lose hope because they remain in the hospital while others leave. Hospitals should not be exempted from the definition of “unlicensed setting” in the context of foster care placements.

DRM strongly believes that the definition of “unlicensed setting” should include hospitals and emergency departments when a child or youth is in overstay status. Specifically, we suggest the following amendment:

Page 6, (3)(II) Add **4. A HOSPITAL, INCLUDING AN EMERGENCY DEPARTMENT, WHEN BOARDING A CHILD OR YOUTH WHO HAS NOT BEEN ADMITTED OR HAS BEEN FOUND CLINICALLY READY FOR DISCHARGE.**

DRM welcomes House Bill 980’s creation of the Office of the Child Welfare Ombudsman with appointment of the Ombudsman by the Attorney General. The office, as described in the bill, has authority to protect children and youth in a robust and meaningful way by conducting investigations, recommending legislation, issuing subpoenas, and making unannounced site visits, among other duties. The bill also prohibits retaliation against any individual who makes a complaint to the Ombudsman’s office or who provides information to or interferes with an advocate. If enacted, this bill would make a truly life-changing difference for children who have languished in Maryland’s foster care system and would help to remedy the longstanding systemic problems that have plagued the system.

For these reasons, DRM strongly supports House Bill 980 with the suggested amendment and urges a favorable report.

Contact: Leslie Seid Margolis at lesliem@disabilityrightsmd.org or 443-692-2505.

Amendment request

Uploaded by: Melanie Lee

Position: FWA

Written Testimony in Support of Amending House Bill 980 – Kanaiyah’s Law Request: Add Hospitals to the List of Unlicensed Settings

I respectfully urge you to amend House Bill 980 – Kanaiyah’s Law to include hospitals on the list of prohibited unlicensed settings for children who have no medical necessity for hospitalization.

Hospitals are not appropriate placements for children who are simply awaiting DSS placement. While these children may not have acute medical needs, they are housed in acute care settings for weeks—and sometimes months—at a time. This practice is harmful, inhumane, and deeply damaging to already vulnerable children.

Children awaiting placement are often confined to an 8x10 stripped hospital room with no window and only a television for stimulation. They have:

- No interaction with other children their age
- No visitation from family
- No consistent engagement from DSS providers
- No physical activity
- No access to fresh air or sunlight

They are isolated in a clinical environment designed for short-term medical stabilization—not for living!

The longest documented stay in our Pediatric Emergency Department was 119 days. The average stay is 40 days.

Forty day!.

Forty days confined to a hospital room without medical need. Without peers. Without sunlight. Without movement. Without normalcy.

This is not therapeutic. It is not protective. It is psychologically harmful.

Many of these children already carry significant emotional trauma. Prolonged isolation in a hospital setting compounds that trauma. The sterile environment, lack of routine, and absence of developmentally appropriate stimulation can worsen behavioral health conditions, increase anxiety and depression, and create additional attachment disruptions.

Beyond the impact on the child, this practice also:

- Reduces bed availability for children with legitimate medical emergencies
- Delays care for medically fragile patients
- Creates significant financial strain for hospitals providing non-reimbursable care
- Places emotional and moral distress on clinical staff who are asked to manage complex, untreated behavioral and trauma-related needs in a setting that is not equipped to provide therapeutic placement services

**Written Testimony in Support of Amending House Bill 980 – Kanaiyah’s Law
Request: Add Hospitals to the List of Unlicensed Settings**

Hospitals are designed for acute medical care—not long-term social placement. Using them as holding facilities for children without medical needs is neither humane nor effective.

Children deserve safe, appropriate, licensed environments where their emotional, developmental, and social needs can be met. They deserve sunlight, movement, education, human interaction, and dignity.

Housing children in hospitals while awaiting DSS placement is not a solution. It is a systemic failure—and it causes harm.

I respectfully ask that you amend House Bill 980 to explicitly include hospitals among the unlicensed settings prohibited for placement of children without medical necessity.

No child should spend 40 days—or 119 days—confined to a hospital room simply because the system cannot find them a placement.

Thank you for your consideration and your commitment to protecting our most vulnerable children.

Melanie Lee, MSN, RN, CPN

Clinical Director of Nursing-Luminis Health Anne Arundel Medical Center

Pediatric Emergency Department and Inpatient Unit

Letter to House Judiciary Committee re HB 980 (202

Uploaded by: Mitchell Mirviss

Position: FWA

February 24, 2026

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The Hon. J. Sandy Bartlett
Chair, House Judiciary Committee
100 Taylor House Office Building
Annapolis, MD 21401

Re: **HB 980 (2026) (Kanaiyah's Law) FWA: STRONGLY SUPPORT WITH AMENDMENTS**

Dear Chairperson Bartlett and Members of the Committee:

I strongly support HB 980 and urge the Committee to issue a favorable report with several amendments that would strengthen it and remove potential loopholes.

The tragic death of Kanaiyah Ward was preventable and predictable. When hundreds of foster children are forced to spend weeks or months in unlicensed—and thus illegal—placements, when these children are watched by unlicensed “one-on-one” aides under unacceptable risks that the Department of Human Services has known to exist, when the Department has steadfastly refused to study and assess the systemic deficiencies that have caused these conditions, the odds are that a tragedy will occur. And so, in Kanaiyah’s case, it did. I thank Delegate Griffith and the other sponsors of HB 980 for taking action to turn her tragedy into something positive: injecting accountability into a confidential system that desperately needs transparency and oversight. Maryland’s foster children and youth need your protection.

I strongly support all aspects of HB 980’s reforms: (1) a flat-out prohibition against placement of children in unlicensed settings; (2) provisions to protect children who exit foster care to guardianship from access by child predators; and (3) establishing an ombudsman’s office to monitor the provision of foster-care services to children and youth. To close potential loopholes in the current draft, I propose several modest amendments discussed below.

Kanaiyah’s death should provide all the justification needed to support the bill. But she was just one of hundreds of children who had to spend weeks or months in hotels, offices, or hospitals because DHS has failed to develop and maintain sufficient placements and services. This placement crisis has persisted since 2018. Despite many vows to end it, DHS and MDH simply have not done so. Time and time again, the Secretaries of the Departments of Health (“MDH”) and Human Services (“DHS”) have testified before various legislative histories and vowed to fix the problem soon. Year after year, the promised fixes don’t arrive or don’t work as promised. Two years ago, the DHS Secretary testified at a budget hearing that “I will fix it.” He didn’t.

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And then Kanaiyah died and DLS issued its scathing audit, and the whole state took note and alarm. After intense criticism, DHS announced no more hotels, no more offices. Just like that. And so, the problem supposedly was solved. But it wasn't, and it isn't. Children *still* reside in hospitals without medical reason because DHS and MDH still do not have placements for them or services that would allow them to return to their communities. When warm weather returns, Baltimore City DSS anticipates that it will again need to use one of its offices to house foster children. In sum: eight years of hundreds of children locked away in hospitals and offices because Maryland, one of the richest states in the country, doesn't have homes and services for them.

A. The Need for Reform.

DHS hired the premier child-welfare research institution in the United States, Chapin Hall of the University of Chicago School of Social Work, to conduct a needs assessment of foster-care placements and services—but it did not allow the Chapin Hall researchers to assess the supply of placements and services to determine what deficiencies exist. Chapin Hall therefore could not determine what specifically is needed. For example, the last psychiatric respite facility in Maryland closed in 2021. How many beds are needed now? How many facilities? We don't know, as Chapin Hall was not allowed to determine this. DHS insists that enough beds exist. Then why are children still languishing in unlicensed programs. One child has been in a hospital E.D. for over six months! This is her third hospital overstay.

Moreover, in its report issued last winter, Chapin Hall determined that 36%, over one-third, of the foster children who were staying in the Baltimore City DSS were new entrants—children just entering the system within the prior week, and another 12%, had been in care for less than half a year. *See* Larry Small, et al., Chapin Hall Final Report at 74 (2025) (“Chapin Hall Rep.”). Thus, nearly half of all the Baltimore City foster children housed in its office have been new entrants. Plainly, DHS should have emergency foster homes or shelters to house these children. Even if the children came into care with significant trauma and behavioral issues, programs like psychiatric respite would, seemingly, work here. Despite knowing the problem, DHS has failed to solve it.

It is time for the General Assembly to act.

The available statistics on DHS performance reveal broad system-wide flaws. The Committee is already undoubtedly aware of the most recent DLS audit findings. But there is much, much more:

- Chapin Hall found “a clear need to expand the availability of specialized placements that can accommodate the complex behavioral and psychological needs of older youth, particularly those aged 14-17,” including increasing the capacity of existing

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- programs “as well as developing new programs specifically tailored to meet the needs of these high-risk populations.” (Chapin Hall Rep. 58).
- For children who were housed in hotels, Chapin Hall found that BCDSS recommended community placements, not high-end residential treatment. *See* Chapin Hall Rep. 64 (“Group Home (Non-Therapeutic) (58%), Treatment Foster Care (58%), Group Home (Therapeutic) (52%), regular Foster Care (42%), Independent Living (11%), and Mother Baby Program (16%). (Chapin Hall Rep. 64). It recommended RTCs for only 5% of the cases.
 - For children housed in the BCDSS office, Chapin Hall determined that 36% had entered OHP only 8 days or less, and almost all of them were housed in the office immediately upon entry into care—an indictment of the lack of emergency placement options. (Chapin Hall Rep. 74). Another 12% had been in care for more than 8 days but less than six months, *id.*, meaning that approximately *half* were new entrants.
 - Chapin Hall found that the precipitating events for overstays and use of unlicensed placements often was due to a placement shortage. *See* Chapin Hall Rep. 101 (“Likewise, many times, index events appeared to occur due to a lack of available placement resources, particularly for certain subgroups of children such as siblings or children with complex or specialized placement needs.”).
 - Chapin Hall further confirmed an alarming lack of clinical information about the children given to providers when requesting placements. (Chapin Hall Rep. 94-95). Providers often discharged children quickly after accepting them. *Id.* at 95-96. But poor casework also is a major culprit: “Sometimes index events occurred not because of provider-related factors but because of the case management practices of some caseworkers, e.g. the lack of targeted placement referrals or insufficient planning for expected periods of transitions such as a child aging out of their current placement.” *Id.* at 96. So, too, sometimes, “despite caseworkers’ best efforts or possible intentions, agency resources simply were too limited. For example, case reviewers reported that, “*The youth does not seem to have any behavioral challenges and appears to have been placed in a hotel due to lack of resources.*” ... In addition, capacity issues related to the unavailability of appropriate emergency or short-term housing options, were also implicated....” *Id.* at 97 (emphasis added).
 - Respite and crisis intervention are not sufficiently utilized to preserve and stabilize placements. *See* Chapin Hall Rep. 98 (“Placement disruptions sometimes also happened when stressed and depleted caregivers were not able to receive much needed respite, or other forms of support, from child welfare agencies. For example, a case

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reviewer noted that, “...*the caregiver was frustrated and needed a break. This disruption seemed avoidable if there could have been a formal or informal respite arrangement.*” (emphasis in original).

- Chapin Hall further found that “caseworker practices may, inadvertently, be contributing towards the occurrence or duration of index events for some children due to insufficient advance planning for known and expected periods of transition (e.g. aging out of the eligibility criteria for the group home). Initiating placement finding efforts in a timely manner, especially when it is known or apparent that a placement disruption is on the horizon and when time is already limited, is an important potential area for improvement to avert hospital overstays and hotel and office stays.” *Id.* at 100. There is little doubt that this is a major problem in Baltimore City. Generally, Chapin Hall concluded that “the need exists for Maryland to more quickly identify and stabilize youth who are in the grip of multiple crises and/or placement disruptions, and to match them with the appropriate level of care they need, ideally from their first placement. This is necessary not just for mitigating the likelihood of index events but also for avoiding the risk of further compounding the trauma already carried by foster children by asking them to shoulder the additional, yet *preventable*, burdens of extensive relational losses and grief each time placements are disrupted.” *Id.* (emphasis in original).
- Most critically and broadly, Chapin Hall confirmed what we have long said: a major structural problem exists in Maryland due to the fragmentation and siloed array of services with minimal coordination and meshed integration. *See id.* at 101 (“...[S]caling up the availability of certain placement settings are not sufficient on their own. An important factor to scale up as well would be caregiver resources. This thematic finding reflects the importance of greater coordination between child welfare agencies, mental health service providers, public health departments, and other allied partners, to develop a more effective system of care for meeting the complex placement and mental health needs of foster children in Maryland. Such a system of care can also help facilitate the pooling together of limited services and resources to better equip overwhelmed caregivers with more system level supports to prevent avoidable placement disruptions, such as the deployment of mobile crisis units or the provision of respite care.”).

Overall, literally *hundreds* of foster children have stayed in these illegal placements since 2018. Many have had multiple such illegal placements, sometimes moving from hotels to hospitals or hospitals to hotels. The volume is shocking.

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- During the year that ended in September 2025, 93 children and youth had a total of 147 hotel stays that varied from seven to 178 days. (budget data reported in Feb. 23, 2026 *Baltimore Sun*). Five children were aged under five.
- On June 4, 2024, BCDSS illegally housed *11* foster children in hotels, nearly one percent of all BCDSS foster children. (*L.J. v. López*, Civ. A. No. SAG-84-4409 (D. Md.) (“*L.J.*”), Pls. Reply Mem at 18, ECF No. 698). As of June 6, 2024, these stays had lasted 252 days; 196 days; 152 days; 133 days; 98 days; 96 days; 70 days; and 68 days. *Id.* More children were in hospital overstays and the DSS office.

Moreover, as Kanaiyah’s death demonstrates all too vividly, grave safety and health risks exist.

- In the pending *T.G. v. DHS* federal class action regarding hospital overstays, unsafe practices concerning 1:1 aides were documented as having been reported to DHS, *e.g.*, a child who accessed fentanyl while purportedly supervised by a 1:1 aide in a hotel, and hospital reports that a child’s “sitter today is completely passed out” and that another aide was “spending time on social media and playing on the phone, rather than engaging with the child. *See T.G. v. MDHS*, Civ. A. No. 23-1433-MJM (D. Md.), Pls. Rev. Mem. in Supp. of Mot. to Reopen Class Cert. (Feb. 5, 2026), at 4, 24-25.
- Approximately one-third of Baltimore City DSS foster parents do not receive training required by law. (BCDSS Milestone Report, filed in *L.J.*, ECF 725-5 at 28).
- Baltimore City foster children are not having mental health needs met in 28% of the cases and are not having physical health needs met in 35% of the cases. (Md. SSA, most recent “CFSR” data).
- In FY 2025, only 68% of Baltimore City foster children had timely comprehensive health exams; only 51% had annual medical examinations; and only 46% had *annual* dental exams (and these are required twice yearly). (*L.J.* Defs. 73rd Rep. and Headline Indicators). Most worrisome, only 46% of Baltimore City children 48 months or younger had timely EPSDT exams during the most recent reporting period. (*L.J.* data compiled by Independent Verification Agent, to be reported in response to Defs. 73rd Six-Month Compliance Rep.)
- Virtually no Baltimore City foster children had health passports timely delivered to their caregivers, and, similarly, virtually none had health passports updated annually. (SSA Headline Indicators).

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- From Oct. 2023 through Oct. 2024, the rate of children aged 3-5 years old attending preschool, kindergarten, or first grade ranged from a high of 29% to a low of only 10%, with the average falling below 20%. (BCDSS Milestone Rep. 26).
- Instead of providing crisis intervention services, DHS is relying on hospitalization more than ever. For the year ending in September 2025, 717 foster children were admitted to medical hospitals and 511 to psychiatric hospitals, an increase respectively of 639% and almost 137% over the same period a year before. (Budget data reported in Feb. 23, 2026 *Baltimore Sun*). These data are shocking.

And the problems extend to basic casework: permanency planning and services to families:

- As of October 2024, only 27% of Baltimore City foster children were in care for less than one year, compared to 34% who had been in care for three years or more. (BCDSS Milestone Report, *L.J.*, ECF 725-5 at 18-19). The state standard is that 40% of foster children should return home within one year of entering foster care, yet, in FY 2025, just over 24% of foster children statewide returned home within one year. (*Balt. Sun* Feb. 23, 2026). Permanency was achieved in only 19% of BCDSS cases within one year, far below the state standard of 35%. (BCDSS Headline Indicators report).
- Over half (54%) of BCDSS children are not meeting permanency goals. Less than a quarter (23%) are meeting expected permanency outcomes. (most recent state CFSR).
- The most recent state CFSR review of Baltimore City DSS found that case planning was unsatisfactory in a *majority* of cases (56%).
- BCDSS provided appropriate services to parents and assessments of their needs in only 27% of its foster-care cases. (most recent state CFSR).
- According to recent budget data reported in the *Baltimore Sun*, “[t]he percentage of foster children who were reunited with their families, but ended up being removed again within 12 months, went from just over 9% in fiscal 2024 to 13% the following year. DHS said it tries to connect families to community services to address their needs and promote stability but there can be long waits and a limited number of providers.” (*Balt. Sun*, Feb. 23, 2026).
- 23% of children in BCDSS custody lacked stable living situations per last year’s CFSR (“In the majority of these cases, the review showed that placement providers were having difficulty managing the behaviors or developmental disabilities of the children

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in their care and services were not provided to them in order to support their ability to maintain the placement. As a result, placement disruptions occurred.”) (2024 CFSR).

- ***Safety concerns currently exist in 15% of BCDSS cases.*** (Current CFSR). The DLS audit raises clear concerns that safety standards are not followed in all cases for aides and group homes. In a recent six-month reporting period, maltreatment while in care occurred in 1.4% of the Baltimore City OHP cases, far below the *L.J.* and federal standard. (*L.J.* Independent Verification Agent report).
- Placement instability remains high, at approximately 50% higher than the State’s standard for acceptable number of moves per child per year. (BCDSS Headline Indicators). Statewide, in fiscal 2025, the rate was one move every 161 days, compared to the state’s goal of no more than one every 243 days. (*Balt. Sun*, Feb. 23, 2026).

It is time for the General Assembly to act.

B. HB 980’s Reforms Help Address These Grave Problems.

1. *Prohibiting Use of Illegal Unlicensed Settings as Ersatz Foster-Care Placements.* HB 980 flatly prohibits the use of offices, hotels, motels, and other unlicensed settings by DHS in lieu of licensed foster care. I applaud and strongly support this but note that hospital overstays, which also are not licensed to provide foster care are not specified in the statute. This omission should be fixed.

Also, the bill should clarify that the prohibition applies to any child housed in an unlicensed setting for four hours or longer. This is the definition that DHS accepted in the *L.J.* Modified Consent Decree. For consistency, it should be applied here. DHS’s use of 24 hours as the standard is unacceptable. This is important because, otherwise, foster children will spend the night in a DSS office, be removed by the worker and taken by the worker on errands or to school, and then returned to the office for another overnight stay, without that counting as an illegal placement. The bill should make clear that no overnight stay is permissible.

Finally, the bill uses the term “placed in”. It is unfortunate that we must worry about semantics, but the fact is that the Department does not consider an office or a hospital overstay to constitute a “placement.” I suggest that the term “placed” be replaced by “housed or maintained”.

2. *Requiring guardians to report criminal background checks showing risks to foster children in their care.* Given the DLS audit’s alarming finding about possible predators allowed in guardianship homes, this is a sensible and important reform. While compliance will be difficult to enforce, most guardians should comply, and greater safety thus should ensue.

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The bill does not, however, address the major safety issues concerning 1:1 aides, such as the aide who failed Kanaiyah. These aides are unregulated. No COMAR provisions exist. Individual DSS offices may have provisions in contracts regarding training and qualifications, and the Baltimore City provisions are reasonable, but no regulations govern how a local DDS must monitor the quality of aide services and address deficiencies. This is an important loophole that should be closed.

3. *Creating a statewide ombudsman for foster children with broad investigatory powers.* This might be the most important element of Kanaiyah’s Law. The child-welfare system is closed to the public and lacks accountability. Juvenile court CINA proceedings are confidential and, in any event, do not address systemic deficiencies and needs. Advocates for Children & Youth, the principal child advocacy organization in Maryland, closed in 2020 after three decades of important work, due to a loss of foundation funding. Other states and cities have publicly funded oversight of foster care services, often using an ombudsman model, such as New Jersey, Michigan, Rhode Island, California, Chicago, Massachusetts, etc. Maryland desperately needs this, and HB 980 commendably establishes an ombudsman office for Maryland foster children. My only concerns are that:

(1) Protections need to be required that shield the ombudsman from adverse influence and oversight by the Attorney General. The Attorney General defends DHS and MDH in related federal class actions (including the *L.J.* and *T.G.* cases cited above) and other matters. To protect against conflicts of interest, the bill should be amended to make clear that the ombudsman will operate with full independence and to prohibit the Office of the Attorney General from exercising oversight and any substantive control over the ombudsman’s work. The former Office of Independent Juvenile Justice Monitor provides a good model for this.

(2) No budget is established. The ombudsman’s scope of work is large. Without sufficient funds, it will be impossible for the ombudsman to perform effectively.

(3) The mission should make clear that the ombudsman shall address systemic deficiencies in the child welfare and foster-care systems, so that there will be strong analyses and reports of data similar to what is reported above. As currently drafted, the duties focus more on individual case investigations than system-wide oversight and accountability.

C. Specific Amendments.

1. On page 6, after line 22, add new line: “4. A HOSPITAL WHERE A FOSTER CHILD HAS BEEN DETERMINED BY HOSPITAL STAFF TO BE MEDICALLY READY FOR DISCHARGE AND IN NEED OF A FOSTER-CARE PLACEMENT.”

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2. On page 7, after line 5, add new paragraph: “(IV) ‘HOUSED OR MAINTAINED’ MEANS ANY STAY IN AN UNLICENSED SETTING LASTING FOUR HOURS OR LONGER.”

2. On page 7, line 30, replace “PLACED” with “HOUSED OR MAINTAINED”.

3. On page 7, after line 31, add new paragraph: “(3) THE DEPARTMENT SHALL ADOPT REGULATIONS REQUIRING ALL LOCAL DEPARTMENTS TO MONITOR THE PERFORMANCE OF AIDES UNDER CONTRACT WITH THE LOCAL DEPARTMENT IN PROVIDING SUPERVISION AND ENSURING SAFETY OF FOSTER CHILDREN IN THEIR CARE.”

5. On page 13, after line 20, add new paragraph: “(E) THE ATTORNEY GENERAL SHALL DEVELOP AND IMPLEMENT PROCEDURES THAT PRESERVE THE INDEPENDENCE OF THE OMBUDSMAN AND ENSURE THAT THE OMBUDSMAN IS NOT SUBJECT TO THE OVERSIGHT OR CONTROL OF THE ATTORNEY GENERAL OR THE OFFICE OF THE ATTORNEY GENERAL.”

6. On page 16, line 1, replace “CHILD ADVOCATE” with “OMBUDSMAN” and “ITS” with “THEIR”.

D. Conclusion and Personal Background.

Kanaiyah’s Law is the most important foster-care reform bill that I have seen in Maryland in my professional career. It would ban practices that should never occur in a good system. It would close major safety loopholes that endanger foster children. And it would inject oversight and accountability into a closed, secretive system that largely functions without public access and knowledge. This is the least we can do for the thousands of abused, neglected, and abandoned foster children in state custody—*our* custody.

I say this as someone who has worked on foster-care and child-welfare reform since 1979, at both federal and the state levels, including 4½ years representing hundreds of Baltimore City foster children while working at Maryland Legal Aid. Since 1988, I have served as lead counsel in the federal *L.J.* case monitoring implementation of a consent decree and then a comprehensive modified consent decree for Baltimore City foster children. Even though a court order issued in 1988 prohibits the use of hotels and the modified consent decree issued in 2009 flatly prohibits housing foster children in any unlicensed facility, the defendants have repeatedly violated these requirements, causing multiple petitions for enforcement and/or contempt. Three years ago, I joined Disability Rights Maryland in bringing the federal *T.G.* class action to end hospital

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overstays (outside of Baltimore City). Separate from this litigation, I have testified many times before the General Assembly on various child-welfare and foster-care legislation.

Again, this is the best, most important legislation that has been introduced in the General Assembly in all of my decades of work on this issue. I applaud and thank the Delegates for their work in putting it together. I cannot think of a better way to mourn Kanaiyah's death and to celebrate her life than to issue a favorable report to HB 980 (with the proposed amendments) and to pass it as soon as possible.

Thank you for your consideration.

Respectfully submitted,

/s/ Mitchell Y. Mirviss

Written Testimony - HB980.pdf

Uploaded by: Shanta Trivedi

Position: FWA

Support with Amendments HB980

Family Law and State Government – Child Protection and the Office of the Child Welfare Ombudsman (Kanaiyah’s Law) - Testimony of Meyerhoff Center for Families, Children and the Courts.

Tuesday, February 24, 2026

House Judiciary Committee

Chair Bartlett, Vice-Chair Davis and Members of the Committee:

Shanta Trivedi serves as the Faculty Director and Aubrey Edwards-Luce is the Executive Director of the Sayra and Neil Meyerhoff Center for Families, Children, and the Courts (CFCC) at the University of Baltimore School of Law. CFCC envisions communities where children and families thrive without unnecessary involvement in the legal system. We engage communities as we work tirelessly to transform systems that create barriers to family well-being. Additionally, Professor Trivedi teaches courses on Family Law and the Child Welfare System and writes about the child welfare system, particularly as it affects low-income and minority families. Professor Trivedi has also represented hundreds of parents who have been separated from their children or who were at risk of being separated while Director Edwards-Luce has represented hundreds of children in these proceedings. **We urge you to support HB980 with amendments.**

The provisions of HB980 that we oppose deal with: 1) the complete ban on unlicensed foster homes 2) the location of the Office of the Ombudsman in the Attorney General’s Office; and 3) the extension of authority for DHS and the courts to continue to receive information about families once a guardianship has been ordered. We would support this bill if these amendments were removed.

First, with respect to unlicensed foster homes, allowing a blanket ban on these homes will create significant barriers to kinship placements, which are widely recognized as the most stable and beneficial option for children removed from their parents. Kinship caregivers—grandparents, aunts, uncles, and other relatives—often step forward immediately when a child is removed, providing continuity, cultural connection, and emotional security during a traumatic time. However, many of these relatives cannot meet licensing requirements quickly, if at all. Licensing standards often include physical home requirements (such as separate bedrooms for each child, specific square footage, or updated electrical systems) that low-income families cannot afford, as well as background check provisions that may disqualify relatives for minor or decades-old offenses unrelated to child safety. A blanket ban on unlicensed placements forces children into non-relative foster care—often with strangers—while their willing and capable family members navigate a lengthy, and sometimes impossible licensing process.

Second, housing the Office of the Ombudsman in the Attorney General’s office is a conflict of interest. The Attorney General’s office represents the Department of Human Services and therefore is not independent. This office should be housed separately or as part of another office without a similar conflict.

Third, with respect to the provisions that extend DHS’s authority once a final guardianship has been ordered, these provisions are fundamentally at odds with core principles of family law, constitutional protections, and sound child welfare policy. We will address five critical concerns:

I. This Bill Violates Family Integrity and Constitutional Rights

Once a guardianship is granted, the court has made a legal determination that the guardian is fit to care for the child and that the arrangement serves the child's best interests. At that point, the guardian stands in the shoes of a parent with all the constitutional protections that entails.

The Supreme Court has long held that parents have a fundamental liberty interest in the care, custody, and control of their children.¹ Guardians—who have been vetted, approved by a court, and entrusted with a child's welfare—are entitled to the same respect and protection.

This bill treats guardians as perpetual suspects. It subjects them to ongoing state surveillance without any allegation of harm or wrongdoing. That is not how we treat parents in intact families, and it should not be how we treat guardians who have stepped up to care for children, often members of their own families.

II. This Bill Undermines Finality and Stability for Children

Children in the child welfare system need permanency and stability. If children cannot be with their parents, guardianship is meant to provide that. It is a legal endpoint—a recognition that the child has found a safe, permanent home.

These provisions would destroys that finality. It tells children, guardians, and biological parents that guardianship is not really permanent—that CPS can come back at any time, reopen the case, and potentially disrupt the placement. That uncertainty is harmful to children who have already experienced trauma and instability.

It also sends a chilling message to potential guardians: *Even after you go through the process, even after the court approves you, the state will continue to watch you.* This will discourage people from stepping forward, particularly kinship caregivers who may already be wary of the system.

III. We Are Not Taking Care of the Foster Children We Already Have

Before we expand CPS authority, we need to reckon with the system's current failures. Maryland's foster care system is already overwhelmed. We have children sleeping in CPS offices, hotels and hospitals because there are no available placements, caseworkers carrying caseloads far beyond recommended limits, insufficient services for children with complex trauma and behavioral health needs and a chronic shortage of foster homes, particularly for sibling groups and teens.

We cannot adequately serve the children currently in our care. Expanding CPS's mandate to surveil guardianship families will divert already-scarce resources away from children who are in immediate danger. It is a misallocation of resources that will make the system less effective, not more.

IV. This Bill Will Discourage Guardianship and Adoption

Guardianship and adoption are critical permanency options, particularly for kinship caregivers who may not want to or be able to adopt but are willing to provide a permanent home. This bill makes guardianship less attractive by subjecting guardians to indefinite state oversight.

If this bill passes, potential guardians will ask: *Why would I take on this responsibility if it means CPS can investigate me whenever they want, even after the case is closed?* Many will choose to walk away, leaving children in long-term foster care—a far worse outcome.

¹ *Troxel v. Granville*, 530 U.S. 57 (2000); *Stanley v. Illinois*, 405 U.S. 645 (1972).

The same logic applies to adoption. If the state can surveil guardians indefinitely, what prevents the legislature from extending this authority to adoptive parents next? After all, they too were once involved with the child welfare system. This is a slippery slope that threatens all forms of permanency.

V. If We Apply This Logic Consistently, We Would Surveil All Families

Guardianship is a court-created legal relationship, but so are many others. Divorce and custody arrangements are court-ordered. Should CPS have ongoing access to information about every divorced parent? Stepparent relationships are created through marriage and often involve court proceedings. Should CPS monitor them indefinitely? Kinship care arrangements outside of the foster system exist in many families. Should CPS have authority to investigate grandparents, aunts, and uncles raising children informally and require them to report if someone new moves into their home?

The answer to all of these is no. We trust parents and guardians to make consequential decisions about children's lives every day. We do not subject them to perpetual state surveillance unless there is a specific, credible allegation of harm.

Guardians are no different. They have been evaluated, approved, and entrusted with a child's care. They deserve the same presumption of fitness that we extend to all parents, including who is able to live in their own home.

These provisions are simply unnecessary. If a guardian is harming a child, existing law already allows CPS to investigate based on a report of abuse or neglect. There is no need to create a special, invasive regime for guardianship families.

We urge you to consider amending this bill to remove the provisions related to DHS's authority once a guardianship order has been entered.

HB0980 CPMC INFO ONLY JUD.pdf

Uploaded by: Diana Philip

Position: INFO

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.



HB0980 - Family Law and State Government - Child Protection and the Office of the Child Welfare Ombudsman (Kanaiyah's Law)

House Judiciary Committee

February 26, 2026

Position: INFORMATION ONLY

The Coalition to Protect Maryland's Children is a consortium of organizations and individuals formed in 1992 who are concerned about the care of Maryland's most vulnerable children and work together to educate and promote meaningful child welfare reform. Our members bring decades of experience providing direct services, representing children in state custody, and caring for children with complex needs.

For several years, we have followed Maryland's placement crisis with growing alarm. Children with high-intensity behavioral health needs, like Kanaiyah Ward, have had literally nowhere to go but hotels with purchased supervision. We appreciate the legislature's attention to strengthening care for these children and share the goal of improving safety and stability. We wholeheartedly agree with the intent of this legislation that no child should ever experience what Kanaiyah Ward did in her short life.

While we support efforts to end inappropriate placements, prohibiting unlicensed settings alone does not create the therapeutic placements children with complex needs require. These youth have a myriad of challenges, including suicidal and homicidal thoughts and attempts, impulsive and dysregulated behaviors, and oftentimes, developmental challenges. They have suffered significant trauma in their lives that have often led to self-harming behaviors. These children desperately need therapeutic placement options that keep them safe and provide the needed treatment resources for them to heal.

In a resource-rich state like ours, no child should have "**nowhere to go.**" The real solution is sustained investment in specialized, high-quality placements that can meet these children's needs.

With respect to safety of children following termination of their services case with the Department of Social Services, we understand that recent audits identified approximately seven households out of roughly 3,000 guardianship subsidy recipients that shared an address with someone on the sex offender registry. But we also note that none of the children were ultimately deemed to be at risk. It is important to understand that guardianship is only recommended after a home study that includes criminal background checks, and once custody is awarded, these families should have the same protections from unnecessary government intrusion as any other family.

The Coalition to Protect Maryland's Children

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Expanding ongoing re-checks and home visits based solely on criminal background matches - absent any indicators of maltreatment - risks widening state surveillance into family life without clear evidence of improved safety. It would also impose significant new burdens on an already strained workforce. These consequences deserve careful consideration, including whether similar monitoring would be applied to adoptive families.

The Ombudsman office is promising but as a reminder, legislation was passed years ago that created a foster youth ombudsman at the Department of Human Services. Before supporting another, we would encourage explorations of the status of that position and its effectiveness; although some of us are intrigued by the notion of the position housed under the state attorney general's office.

Finally, in terms of priorities for child welfare expenditures, a recently completed survey of local department of social services caseworkers assigned to child welfare identified needs for placement resources as one of their highest priorities. The survey showed that "limited availability of foster homes, residential, treatment centers, and appropriate placements for high-need youth, have led to prolonged hospital stays, hotel use, and unsafe interim solutions". Staff also reported the need for:

- practical tools to adequately address these challenging placement situations,
- use of agency vehicles to safely transport clients,
- functioning cell phones; and
- access to paraprofessional assistance to support health care and family visits.

We respectfully urge thoughtful refinement of this bill to protect children while also safeguarding families' rights. We strongly believe in the importance of ensuring that the system has the capacity and resources to meet the needs of youth like Kanaiyah, and to deliver on its promises to our most vulnerable youth.