



February 11, 2026

## **House Bill 396 - Residential Child Care Programs - Education of Children and Training of Child and Youth Care Practitioners**

### **House Ways & Means Committee**

**Position:** Letter of Information

The Maryland Association of Resources for Families and Youth (MARFY) appreciates the opportunity to submit this Letter of Information regarding House Bill 396. MARFY represents private child-serving providers across Maryland, including Residential Child Care Programs (RCCs), that serve youth with complex behavioral, emotional, and developmental needs.

MARFY is a statewide network of private child-serving organizations dedicated to supporting Maryland's most vulnerable youth. Through over 200 programs, MARFY members provide foster care, adoption services, treatment foster care (TFC), group homes, and independent living support. Our providers serve children and adolescents in out-of-home placements due to abuse, neglect, severe mental health challenges, or complex medical needs—including youth involved in the juvenile justice system.

MARFY and its members appreciate the intent of HB 396 and the effort to thoughtfully consider the educational, developmental, and workforce needs of staff serving children in residential settings. Providers value the proactive attention being given to both opportunities and risks facing RCC staff and the youth they support. We respectfully offer the following information to assist the Committee in its deliberations.

While providers generally support many of the educational and developmental goals outlined in HB 396, several provisions appear to assign responsibilities that exceed the legal authority of RCC providers. Educational decision-making for youth in care is a shared responsibility among RCC programs, legal guardians, local departments, and other entities. Statutory language that assigns full responsibility to RCC providers conflicts with existing shared decision-making structures and could place providers in an untenable legal position. MARFY encourages clarification to ensure statutory expectations align with current law and practice.

HB 396 enumerates numerous training requirements that RCC providers are already required to complete and are routinely audited on under COMAR 14.31.06, including but not limited to:

- Child development and special needs
- Communication skills
- Mandated reporting
- Suicide prevention



- CPR and First Aid
- Emergency preparedness
- Infection control
- Behavioral intervention planning

Re-listing these requirements within RCYCP regulations would be duplicative and create unnecessary administrative burden without improving quality or outcomes.

The bill raises concerns by linking additional requirements to RCYCP certification, which is overseen by the State Board under COMAR 10.57.03 and 10.57.04. Becoming a Board-Approved Training Provider requires curriculum submissions, trainer credentialing, evaluation systems, and application fees. At present, the State Board is severely understaffed, with only one of three operational positions filled.

This capacity constraint has already resulted in statewide challenges, including delays in testing, staff nearing or exceeding the 180-day certification window, slow response times, and MARFY-wide reports of certification bottlenecks. Adding new requirements at this time would likely exacerbate these issues and destabilize an already strained workforce.

Maryland's child-serving system is experiencing significant workforce shortages. Increasing RCYCP certification requirements without corresponding system capacity improvements risks slowing onboarding, increasing turnover, and reducing staffing levels in RCC programs. These impacts could unintentionally undermine safety and stability for youth.

**MARFY notes that autism-specific training is not currently addressed in COMAR and represents a meaningful opportunity for targeted improvement. Importantly, specialized RCC services for youth with Emotional, Cognitive, and Developmental Disabilities already exist under Class 5 (CSE) and Class 6 (ECDD) designations. These specialized services were not addressed through the Quality Services Review Initiative (QSRI) process and would benefit from a review of the true cost of care to ensure their sustainability and potential expansion.**

Providers already deliver de-escalation and behavioral intervention training. Thoughtfully strengthened autism-specific training could improve staff readiness for high-acuity youth, support system goals around reducing hospital overstays, and enhance placement stability—without duplicating existing requirements.



MARFY respectfully recommends the following considerations:

- Avoid duplicating existing COMAR 14.31.06 training requirements within RCYCP regulations.
- Avoid adding new RCYCP requirements until the State Board's staffing and operational capacity improves.
- Consider investments or system fixes that stabilize RCYCP processing and reduce certification bottlenecks.
- Clarify statutory responsibilities that fall outside RCC legal authority, including educational decision-making.
- Support education and awareness regarding RCC providers that deliver specialized services for youth with complex placement needs, including Class 5 (CSE) and Class 6 (ECDD) programs.

MARFY appreciates the Committee's attention to strengthening services for youth in residential care and supporting the workforce that serves them. We respectfully offer this information to help ensure HB 396 achieves its goals without unintended consequences and welcome continued dialogue with the sponsor and Committee.

Thank you for your consideration.

**For more information call or email:**

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