



Montgomery County Federation of Families for Children's Mental Health,  
Inc. Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904  
301-879-5200 (phone number)  
301-879-0012 (fax number)  
info@mcfof.org (email)      www.mcfof.org (website)

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**House Appropriations Committee  
TESTIMONY IN SUPPORT**

***HB 1181 Family Law - Children in Out-of-Home Placement - Voluntary Placement Agreements***

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer-led support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. MC Federation of Families has been providing family peer services to families in Montgomery County for 20 years. Our Family Peer Specialists are parents who have raised or are currently raising children with these challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with behavioral health challenges. My son has suffered from debilitating depression for many years. My daughter is a Certified Peer Recovery Specialist who has lived experience with co-occurring challenges.

**MC Federation of Families strongly supports HB 1181.** Our Family Peer Specialists have assisted families in Montgomery County who were seeking VPAs. We can attest that the current inappropriate requirements and overly cumbersome and time-consuming policies have made it nearly impossible for many families to access a VPA for medically necessary treatment for their child, resulting in youth lingering in hospitals long past the time they should be discharged, or a family deciding they must relinquish full custody of their child to the state to access needed treatment.

HB 1181 would implement several changes to address some of the many current problems with the administration of VPAs:

**1. Clarify an eligibility requirement**

The bar for approving a VPA should not be that a family has "exhausted" all possible community-based services, but instead "made reasonable efforts to avoid an out-of-home placement."

- COMAR and statute use the language "make reasonable efforts," but Local Departments of Social Services (LDSS) apply the standard "exhaust all possible community-based services," resulting in their refusal to approve a VPA for a child stuck in a hospital with the most acute

level of need if they haven't tried a very basic service such as PRP, which at that point is clinically inappropriate and not practicable.

## **2. Remove the Local Care Team (LCT) requirement**

Currently, an LCT meeting must be held before an LDSS can make a VPA determination.

- LCTs typically can do very little for a family that has come to the extreme measure of seeking a VPA.
- LCTs can neither approve nor deny a VPA request.
- The LCT requirement can delay the VPA process, since the LCTs in some jurisdictions do not meet regularly.
- In those rare instances where a family seeking a VPA has not tried a lower level of service that might be appropriate, the LDSS worker, who manages the VPA application and is aware of the services available in their jurisdiction, can provide the family with that information.

## **3. Require that LDSSs provide full information to families about child support obligations**

The threat of an onerous child support payment can be used to dissuade families from seeking a VPA for medically necessary treatment. Parents must be notified that they can appeal an initial determination with the Clerk of Court, resulting in a good possibility that the initial amount will be reduced.

## **4. Require that Maryland's child-serving agencies establish ways to reduce the child support obligation of low-income families.**

Child support requirements for families entering into a VPA should be wholly revamped. When a child temporarily leaves the family home there is no decrease in a family's rent or mortgage payment, car payment, utility bill, insurance payments, or other necessary expenses. Yet child support payments can be levied in amounts of \$800 to \$1,800/month, completely out of reach for most families, causing them to abandon the VPA process.

## **5. Implement the provision that in certain cases, VPAs are not needed, by moving funding for the education cost of certain residential treatment center (RTC) stays from the Department of Human Services (DHS) to the Maryland Department of Health (MDH).**

- If a Medicaid-eligible child, who will be going to a facility that accepts Maryland Medicaid, has a non-public school placement on their IEP, their family need not enter into a VPA, but need only contact their Local Behavioral Health Authority for authorization and assistance.
- The family of that same child, who does not have a non-public school placement on their IEP, must go through the onerous VPA process with all its pitfalls and pay child support.
- All Maryland's Medicaid-eligible children who are entering a facility that accepts Maryland Medicaid should be able to access the psychiatric treatment they require without their family having to enter the child welfare system simply to have their child's education paid for.

- Currently, for children in VPAs, DHS pays for the education component of an RTC stay with state general funds. Those dollars could (and should) run through MDH instead of DHS to avoid the need for a VPA.

Residential treatment is an important component of the system of care for children and youth with intensive mental health needs. Burdensome and unreasonable VPA requirements prevent families from accessing medically necessary care for their child, leading to hospital overstays and the act of absolute custody relinquishment, whereby a family relinquishes all their parental rights to child welfare so that their child can access needed treatment. By addressing some of the current problems with VPAs, HB 1181 will improve the lives of children with intensive mental health needs and their families.

**MC Federation of Families urges the House Appropriations Committee to support HB 1181.**