

## **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.*



### **HB1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement Senate Finance Committee**

**March 31, 2026**

#### **Position: SUPPORT with amendments**

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. **CPMC urges a favorable with amendments report on HB1559 - Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement.**

Our coalition is appreciative of the attention drawn to Maryland's out-of-home placement crisis, which has had decades of challenges with no sustainable solutions. Each year, children and youth with complex and high intensity behavioral health and/or developmental or medical complexity are left in limbo with nowhere to go, relying on long-term hospital and emergency room stays even after being discharged upon medical stabilization. HB1559 shines a light on the children in a genuine effort to strengthen the processes used to meet their needs.

We are pleased to see various elements of the legislative intent of HB1559, including prohibiting the placement of a child in an unlicensed setting and defining its many types, such as hotel, office building, and shelters, and we agree with calls for the definition to include hospitals.

Consideration of adopting New Jersey's "system of care," is especially promising in light of the positive outcomes that state has been able to identify, moving from one of the worst systems of care for children to one of the best and has been found to sustain in recent years the lowest rate of children removed from their homes and placed in foster care in our nation.

Like many child-serving advocates in Maryland, members of CPMC have been raising our voices to demand more contemporary data to inform the work of direct service providers, identify emergent issues, and develop effective and meaningful public policy. Although we appreciate the development of electronic tracking and data collection on these relevant issues, we also hope that the people working within new structures will not ignore the years of research [documents](#) available with the consistent theme pointing to the adequacy of Maryland's continuum of care as the root cause, with significant findings using available data that ought to be pivotal to informing our solutions.

We look forward to learning more about the legislative intent to expand mobile response and stabilization services across all of Maryland's jurisdictions. These appear to be crucial element to New Jersey's success story in helping families with children and youth in crisis

and reducing the number of out-of-home placements by providing access to emergency medical and behavioral health providers and connecting families to community resources to maintain stabilization efforts. We deeply appreciate your attention to this complicated issue on behalf of these children, and the forward thinking evident by suggesting a close study of the New Jersey System of Care and what it would take to implement in Maryland.

However, our coalition is concerned that HB1559 creates new administrative bodies without addressing the underlying shortage of appropriate placements. We hope that this will not divert attention from what actually reduces hospital overstays and unlicensed placements - expanding high-acuity therapeutic residential and step-down programs, strengthening community-based alternatives to institutional care, ensuring provider reimbursement rates and workforce supports, and strengthening prevention services to serve our Maryland children with the most complex needs. Without building placements and strengthening prevention, HB1559 risks becoming another system for documenting failure rather than preventing it. Yet, we must remain hopeful that we are finally turning the corner on addressing this important aspect of the foster care placement crisis.

We do have three amendments to the bill which we shared with the bill sponsor and the senate committee chair prior to this hearing to correct the age of youth affected by this legislation as well as recommend additional data collection parameters in order to capture all youth experiencing hospital overstays, regardless of custody status, and to specify LDSS involvement (investigation, alternative response, or in-home services), ensuring that non-placement system responses are reflected in the data.

The Coalition to Protect Maryland's Children **urges a favorable with amendments report on HB1559 - Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement.**<sup>1</sup>

*Page 6, line 14, and page 9, lines 16 and 22:* Age is under 21, not 22. CHILD IN AN UNLICENSED SETTING” MEANS AN INDIVIDUAL UNDER THE AGE OF 22 YEARS. Foster care ends at the age of 21. The court's jurisdiction ends at the age of 21.

On page 8, line 26, after “(vi)” insert:

“(vii) WHETHER THE PEDIATRIC HOSPITAL OVERSTAY PATIENT IS INVOLVED WITH A LOCAL DEPARTMENT OF SOCIAL SERVICES AND, IF SO, THE NATURE OF THAT INVOLVEMENT, INCLUDING AN INVESTIGATION, ALTERNATIVE RESPONSE, OR IN-HOME FAMILY PRESERVATION SERVICES; AND

(viii) IDENTIFICATION OF PEDIATRIC HOSPITAL OVERSTAY PATIENTS REGARDLESS OF CUSTODY STATUS, INCLUDING THOSE NOT IN FOSTER CARE.”

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<sup>1</sup> Members of CPMC represented by this written testimony include the American Academy of Pediatrics - MD Chapter, Arrow Child & Family Ministries, Center for Hope, Child Justice, Citizens Review Board for Children, CASA of Baltimore County, Inc., The Family Tree, Maryland Association of Resources for Families and Youth (MARFY), Maryland Network Against Domestic Violence, National Association of Social Workers-MD, State Council on Child Abuse and Neglect, and individual members of the coalition.