

FINAL_GOC Letter of Support (HB1559).pdf

Uploaded by: Andrea Barnes

Position: FAV

March 31, 2026

The Honorable Pamela Beidle
Chair, Senate Committee on Finance
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: House Bill (HB) 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement – Letter of Support

Dear Chair Beidle, Vice Chair Hayes, and members of the Senate Committee on Finance,

The Governor's Office for Children (the Office) respectfully submits this letter of support for HB 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement. The Office agrees that pediatric hospital overstays cause harm to young people and their families, and that ensuring youth do not remain in hospitals beyond medical necessity requires an all-of-government response. Such a response should require the participation of multiple Maryland state agencies, including the Maryland Department of Health (MDH), the Maryland Department of Human Services (DHS). As the office tasked with building and enhancing cross-agency partnerships, initiatives and programs to support the well-being of children and families, the Office is in support of this bill. The new Senior Advisor for Children and Families position within the Office would help ensure coordination among agencies on this issue. The Office is well-suited to assist with inter-agency coordination, and systemic decision-making, while ensuring accountability for results regarding pediatric overstays.

The Office applauds the bill sponsors for proposing mechanisms to prevent pediatric overstays and better serve Maryland children. For these reasons, the Governor's Office for Children supports HB 1559.

If you would like to discuss this further, please do not hesitate to contact Andrea Barnes, Policy Advisor and Manager of Legislative Affairs at andrea.barnes@maryland.gov.

Sincerely,



Carmel Martin
Special Secretary, Governor's Office for Children and Senior Advisor to the Governor for Policy

XHB 1559- Children in Unlicensed Settings and Pedi

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Position: FAV



Maryland
Hospital Association

House Bill 1559 - Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

Position: *Support*

March 31, 2026

Senate Finance 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 1559.

We are grateful to Speaker Joseline Peña-Melnyk for introducing this legislation and for her steadfast advocacy on behalf of these youth. We are also appreciative of Chair Shetty, legislators who participated in the legislative work group, Department of Health, Department of Human Services and the Governor's Office for amending this bill in a way that moves us closer to creating a true system of care for Maryland's children, youth, and families.

Hospitals as Unlicensed Out-of-Home Placements

Maryland hospitals are not licensed by the Department of Health (MDH) or Department of Human Services (DHS) to serve as an out-of-home placement. Despite this, hospitals are serving as de-facto placements for youth who have been medically cleared for discharge. 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.

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.

As amended, HB 1559 rightfully classifies hospital inpatient units or emergency rooms as an unlicensed setting once the child or youth has been medically cleared for discharge and no longer needs to be staying within the hospital.

Advisory Council on Maryland's System of Care for Children, Youth, and Families

HB 1559 establishes an Advisory Council consisting of a diverse group of stakeholders and requires a subgroup of this Council to complete a bed assessment of the licensed, staffed and physical beds by agency and categorization. This is critical. As a state, we do not know how many foster homes we have—both public and private, treatment and traditional. We do not know

how many group homes are available. There are also bed types that helped in the past, such as respite and crisis beds, but it is unclear if these beds exist today and if so, how many. Collecting and sharing this information sits squarely within the state's purview and it is critical to understanding what currently exists and how many more beds are needed to serve these youth.

One of the greatest challenges to solving and preventing pediatric hospital overstay is the lack of capacity and services across the behavioral health continuum, within child welfare, and within the purview of the Developmental Disabilities Administration. There is especially a need for beds that serve youth with developmental disabilities, Autism diagnoses, and an IQ less than 55 or between 55 and 69. The placement options are limited in the state for patients with these profiles. As such, when a bed is needed there can be long waitlists, which results in the patient having to stay in an acute setting and/or contemplate placement out of state. Additional challenges present for youth with a history of aggressive behaviors, impulse control issues, and chronic untreated or undertreated medical issues.

The bill also requires the Advisory Council to explore the New Jersey System of Care Model. The New Jersey model, which is the gold standard, prioritizes prevention and early intervention, focusing on mobile crisis response that is customized for children. When the crisis hotline receives a call, there is no evaluation of whether in-person intervention is needed, someone is dispatched to the home. The rationale is that if a parent or guardian felt compelled enough to call a crisis hotline, then some level of support is needed immediately. The New Jersey model is also agnostic of agency-involvement and payer.

State Accountability & Oversight

One of the contributing factors and barriers to longer lengths of stay for youth involved with a state agency is the lack of clear understanding of which agency has responsibility to act in the best interest of the youth. This is especially apparent when a youth's parent(s) or guardian(s) are no longer engaging in decisions about the youth's care and when a youth is pending a voluntary placement agreement. In these circumstances, youth are left in limbo with no clear decision maker in their life. When this happens, the hospital is left as the only responsible party, but without any authority to make decisions on behalf of the youth. HB 1559 closes this gap and further builds off the organizational structures established by House Bill 962/Senate Bill 696, which required MDH and DHS to hire a Pediatric Hospital Overstay Coordinator for each department. HB 1559 requires the Governor's Office of Children (GOC) to hire a Special Advisor who can oversee the work of both coordinators, as well as of a newly created Rapid Response Placement Team. Together, the Advisor, Coordinators, and other members of the Placement Team will collaborate to ensure that every pediatric hospital overstay patient is accounted for and moved to a more appropriate setting of care as soon as possible. This is a positive step forward to ensure a timely response and a sense of urgency.

Improve Data Collection and Tracking

To the best of our knowledge, according to MDH, DHS and MHA, as of Jan. 31, 2026, there were 33 children across Maryland experiencing a pediatric hospital overstay—13 girls and 20 boys. Of these youth, seven were in the care and custody of DHS, 17 were pending a voluntary placement agreement, and five of the youth and their families were working with DHS. These

data provide a reference point for understanding the scope of the problem and identifying these children and youth. However, this is a manual process for the state and for Maryland hospitals. MHA will continue to work with the state to improve data tracking. However, without a dedicated system that compiles this data in one place, this process will remain manual and fraught with errors. It is incredibly challenging to know on a given day how many children and youth are in an overstay status, their length of stay, the bed type they need, the number of beds available to meet their needs, the location and availability of these beds, etc. State intervention and collaboration is needed to develop a systematic process with live data. MHA has collected data, but these are point-in-time estimates that are impossible to keep up to date. HB 1559 engages the right stakeholders to discuss this issue, identify an action plan, and implement it.

Conclusion

Pediatric hospital overstays and the placement of foster youth in unlicensed settings is, unfortunately, a long-standing problem. However, Maryland has solved this problem before and can do so again. Additionally, with the right structure and accountability in place, the state can prevent this problem from impacting children and youth in the future.

For these reasons, we request a favorable report on HB 1559 as amended.

For more information, please contact:

Andrew Nicklas, Senior Vice President, Government Affairs & Policy and General Counsel
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HB1559_MHAMD_FAV.pdf

Uploaded by: Ann Geddes

Position: FAV

HB 1559 – Children in Unlicensed Setting and Pediatric Hospital Overstay Patient - Placement

Senate Finance Committee, March 31, 2026

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 1559.

HB 1559 implements several measures that would improve the well-being of children in foster care and children with mental health conditions. We welcome these efforts. Several requirements of the bill will be especially impactful:

Put into statute that children may not be placed in unlicensed settings

This should go without saying, but we know that there is history of the Department of Human Services placing children in their care in unlicensed settings. Statute needs to make it explicitly clear that this is prohibited.

Study the New Jersey Children’s Systems of Care (SOC) model and make recommendations on how the model can be replicated in Maryland

New Jersey’s children’s SOC has long been identified as the most robust in the country, achieving outstanding results.

- Children are not placed in out-of-state behavioral health treatment settings
- Emergency department visits and inpatient psychiatric admissions have declined
- From 2016 to 2023, the number of children served each year in out-of-home settings declined by 50%¹

The New Jersey SOC is based on six fundamental components:

1. A statewide single point of access for all families to contact to get help
2. A variety of funding mechanisms that include both Medicaid and grant dollars
3. Intensive care coordination using the high-fidelity wraparound model
4. Mobile Response and Stabilization Services (MRSS)
5. A wide array of intensive community-based behavioral health services
6. Family peer support

¹ How Does New Jersey’s System of Care Approach Support Families Involved in Child Welfare, Casey Family Foundation (2025). <https://www.casey.org/soc-profile-newjersey/>

For over a decade now, Maryland's System of Care for children and youth with more intensive mental health needs has been faltering. Formerly, Maryland's SOC included several of the components found in New Jersey, including:

- A single point of access mechanism for each jurisdiction
- A blend of Medicaid and grant dollars to provide intensive community-based services
- High-fidelity wraparound
- Family peer support

In 2016, the single point of access mechanism was dissolved, along with the Governor's Office for Children. Most of the grants expired and there were no new applications for federal funds. High-fidelity wraparound was replaced with a form of care coordination that is inferior and poorly utilized. Fortunately, the state does still offer family peer support. Maryland's children's SOC needs rebuilding.

Develop a plan to identify resources to expand Mobile Response and Stabilization Services across the state with full statewide implementation by 2030

If Maryland implements just one measure to decrease children's use of emergency departments and inpatient psychiatric hospitalizations, it should be the Mobile Response and Stabilization Services (MRSS) model. MRSS is fundamental to New Jersey's children's SOC. MRSS is sometimes called "crisis services," but it is much more than that. A key component of the model is that a family can reach out for help any time they and their child need help, before matters escalate to crisis proportions.

Components of the MRSS model are simple:

- One number to call for help (can be 988), available 24/7/365
- Families are screened in for help, including for mobile response services, not screened out because the situation is deemed not serious enough
- Mobile response teams respond within one hour, 24/7/365, with intensive in-home services available for up to 72 hours after the initial response
- Mobile responders are uniquely trained and dedicated to working with children and families
- Mobile responders provide a warm hand-off to community services, either existing or new, and the mobile response provider may deliver 6-8 weeks stabilization services, if needed

MRSS results in fewer emergency department visits and subsequent hospitalizations.² It is a solid investment that reaps significant savings down the road.

We believe that these components of HB 1559 will significantly improve the lives of Maryland's children and families. Therefore we urge a favorable report.

² Jeffrey Vanderploeg. Mobile Response and Stabilization Services: An Alternative to Emergency Department Utilization for Youth. Journal of the American Academy of Child and Adolescent Psychiatry (2024). [https://www.jaacap.org/article/S0890-8567\(24\)01120-1/fulltext](https://www.jaacap.org/article/S0890-8567(24)01120-1/fulltext)

HB 1559 Crossover_Pediatric Overstay_BHSB_FAVORABL

Uploaded by: Dan Rabbitt

Position: FAV



March 31, 2026

Senate Finance Committee
TESTIMONY IN SUPPORT

HB 1559 - Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports HB 1559 - Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement. This bill implements a range of new procedures to address Maryland’s pediatric hospital overstay crisis. This comprehensive approach will help further the state’s efforts to place children in safe and supportive settings and more quickly address circumstances that lead to overstays.

Pediatric overstays and placements in unlicensed settings are unacceptably common in Maryland. These circumstances exacerbate the trauma and behavioral health challenges of the children in these situations and can lead to lifelong consequences – even premature death. They are also disruptive to school and social support, provide poor behavioral health treatment, and cost the state millions. Baltimore City children are at the highest risk for these inappropriate placements with well over double the number of children experiencing this than any other county.¹ Maryland must act with urgency to address this and to serve these vulnerable children more effectively.

HB 1559 takes many meaningful steps towards reforming the out-of-home placement process for children and moving young people out of inappropriate settings as fast as possible. The most fundamental action taken in the bill is to prohibit unlicensed settings entirely. The bill also directs one of the new entities created in the bill to develop a plan to expand Mobile Response and Stabilization Services (MRSS) statewide and to study the New Jersey Children’s System of Care.^{2,3}

HB 1559 is a strong step towards reducing pediatric overstays and the use of unlicensed settings for out-of-home placements in Maryland. **We urge the Senate Finance Committee to support HB 1559.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142 or daniel.rabbitt@bhsbaltimore.org

¹ Maryland Department of Human Services (DHS). Report on Hospital Stays, Average Length of Stay, and Placements After Discharge. February 6, 2025. Available at: https://dlslibrary.state.md.us/publications/JCR/2024/2024_144-145_2024.pdf

² Quinn, S., Sulzbach, D & Estep, K. Mobile Response and Stabilization Services (MRSS): Best Practice Model Installation. 2024. Innovations Institute, University of Connecticut. Available at <https://innovations-socialwork.media.uconn.edu/wp-content/uploads/sites/3657/2024/07/MRSS-Best-Practice-Readiness-Companion.pdf>

³ Center for Health Care Strategies. How Does New Jersey’s system of care approach support families involved with child welfare? Casey Family Programs. April 2025. Available at <https://www.casey.org/media/25.07-QFF-TS-SOC-State-profile-NJ.pdf>

Maryland Catholic Conference_FAV_HB1559_SenateCros

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 31, 2026

House Bill 1559

**Children in Unlicensed Settings and Pediatric Hospital Overstay Patients -
Placement
Senate Finance 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 1559 prohibits the placement of children in unlicensed settings under the out-of-home placement program required to be established by the Social Services Administration; altering the duties of the pediatric hospital overstay coordinators; establishing the Child and Youth Placement Review Panel in the Governor's Office for Children with the Senior Advisor for Children and Families at its head, establishing the Advisory Council on Maryland's System of Care for Children, Youth, and Families; and generally relating to children in unlicensed setting and pediatric hospital overstay patients.

An "unlicensed setting" is defined as any out-of-home placement that is not licensed. This includes: (1) a hotel, motel, or short-term rental; (2) a shelter designated for a child who has run away or is experiencing homelessness; and (3) an office building or other non-residential environment. The term does not include the voluntary placement of a former Child in Need of Assistance (CINA), nor does it include placement with a kinship caregiver or foster parent—or an individual in the process of becoming licensed as one—or placement with a parent, including in a family-based residential treatment setting. Under this legislation, the out-of-home placement program established by the Administration would prohibit placing a child in an unlicensed setting. The goal is to ensure that every child in State Care is placed in an environment that is properly vetted, regulated, and equipped to meet the child's needs.

Recent data highlights why this reform is necessary. At this time last year, 20 youth were classified as "hospital overstays"—meaning children in state care remained in medical settings

after discharge because they had nowhere else to go.¹ As of early 2025, that number has decreased to seven. However, five of those children have remained in hospital overstay status for more than four months, and one has been living in an outpatient mental health center since April 2025.² According to reports drawing on data from the Department of Human Services, the Maryland Department of Health, and hospitals, some of these children were brought in for medical care but were not picked up by their caregivers after discharge—leaving them in prolonged limbo.

A recent audit found that the Social Services Administration did not consistently ensure that foster children were placed in settings authorized by state law. Although short-term emergency placements may occasionally require temporary hotel stays, some children were housed in hotels for months—and in certain cases, up to two years. Many of these children had significant behavioral or medical needs requiring specialized foster care placements. Yet some were supervised by one-on-one vendors who were not licensed providers, raising serious concerns about whether they were receiving appropriate care, services, and oversight.³

Every child deserves more than temporary shelter; each child deserves stability, safety, and the opportunity to thrive. These reforms promote greater accountability and strengthen 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.”⁴ 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 1559**.

Thank you for your consideration.

¹ <https://marylandmatters.org/2026/01/29/lawmakers-grill-dhs-over-hospital-overstays-for-youth-under-the-states-care/>

² <https://marylandmatters.org/2026/01/29/lawmakers-grill-dhs-over-hospital-overstays-for-youth-under-the-states-care/>

³ <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>

⁴ <https://www.usccb.org/news/2026/pope-warns-little-progress-has-been-made-protect-children-worldwide>

Cornell FAV HB1559 Children in Unlicensed Settings

Uploaded by: Emily Melcer

Position: FAV



Cornell Brooks Public Policy

Senate Finance Committee

Date: March 31, 2026

HB1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

Position: Favorable as Amended in the House

Dear Chair Beidle and Committee Members,

We are pleased to offer strong support for HB1559. The State Policy Advocacy Clinic at the Jeb E. Brooks School of Public Policy at Cornell University* comprises undergraduate and MPA students who research, design, and advocate for a wide variety of concrete, human-rights focused state policy solutions together with legislators, academics, community members, and nonprofit organizations. In recent years, Clinic teams have successfully contributed to the drafting and advancement of state legislation, produced fiscal and implementation analyses used by lawmakers, and authored numerous in-depth white papers and policy memoranda. The Clinic's work spans health care policy, immigrant rights, children's rights, criminal justice reform, democracy and good governance, disability rights, and consumer protection.

HB1559 makes significant progress in updating Maryland's child welfare legislation to better protect and support children placed in unlicensed settings and those who fit the definition of a pediatric hospital overstay patient. The bill defines and explicitly prohibits the placement of children in unlicensed settings a move that is long overdue following the tragic death of 16-year-old Kanaiyah Ward while she was living in a Baltimore hotel in September 2025.

The bill also helps prevent pediatric hospital overstay patients from falling through the cracks and remaining in hospitals for extended periods of time without a plan for permanent placement. It does so by requiring the Placement Manager of the Child and Youth Placement Review Panel to convene a Rapid Response Placement Team when a child has fit the definition of a pediatric hospital overstay patient for more than 72 hours. This team, which will meet daily until a suitable placement is found, brings together many of the relevant service providers and State agencies to take coordinated responsibility for the child's care and work toward securing a safe and appropriate licensed placement as quickly as possible. The Rapid Response Placement Team represents a critical step forward in addressing the troubling median length of stay for children who experience overstays from admission to discharge, which was 47 days in SFY 2023,¹ with at least two children spending over three hundred days in a psychiatric emergency room or inpatient facility.²

¹ Small, L., Brunsink, A. M., Heisler, K., Lardner, M., Naqvi, S. & Olson, S. (2024). *Maryland Social Services Administration Placement Needs Assessment: Final Report*. Chicago, IL: Chapin Hall at the University of Chicago, <https://dhs.maryland.gov/documents/Local%20Offices/Baltimore%20City/Consent%20Decree/72nd%20Compliance%20Report/72nd%20Report/Att.%20A.pdf>.

² Office of Program Evaluation and Government Accountability. (2026). *Scoping Evaluation of the Social Services Administration*. Annapolis, MD: Maryland Department of Legislative Services, <https://dls.maryland.gov/pubs/prod/ProgEval/ScopingEvaluationofSSA.pdf>.

The bill requires a review and report on to examine the New Jersey Children’s System of Care Model and provide recommendations on how Maryland can replicate aspects of its model. *The State Policy Advocacy Clinic has done extensive research on the New Jersey model and wholeheartedly supports this initiative as a promising opportunity to strengthen Maryland’s system of care.* In the last two decades, New Jersey’s child welfare system transformed from what advocates used to call a “dumping ground for every problem”³ to a national leader in child welfare. The state now boasts the lowest rate of children removed from their homes and placed in foster care in the country in 2021,⁴ and a massive decline in the number of children in its foster care system from 10,000 children in 1999 to less than 3,000 kids at the end of 2023.⁵ New Jersey achieved these results through a series of major structural and programmatic reforms to its child welfare system beginning in 2003 which Maryland can and should emulate.

HB1559 makes meaningful progress toward preventing children from being placed in unsafe or inappropriate settings, reducing prolonged hospital overstay, strengthening interagency collaboration, and grounding reform efforts in proven models from other states. The bill takes a coordinated approach that pairs immediate safeguard measures with long-term structural improvements. For these reasons, the State Policy Advocacy Clinic respectfully requests a favorable report on HB1559.

Respectfully,
Emily Melcer
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* The State Policy Advocacy Clinic does not represent Cornell University

³ Stainton, Lilo H. (2024). “A child’s horrific death drove NJ to reform welfare system.” NJ Spotlight News, <https://www.njspotlightnews.org/2024/04/how-nj-turned-problematic-child-welfare-system-into-national-leader/>.

⁴ New Jersey Task Force on Child Abuse and Neglect, Staffing and Oversight Review Subcommittee (SORS). (2024). “The First Annual Performance Report on the New Jersey Division of Child Protection and Permanency.” <https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/2024-sors-report.pdf>.

⁵ Stainton, Lilo H. (2024). “A child’s horrific death drove NJ to reform welfare system.” NJ Spotlight News, <https://www.njspotlightnews.org/2024/04/how-nj-turned-problematic-child-welfare-system-into-national-leader/>.

HB1559 Written Testimony (FAV) SEN Signed.pdf

Uploaded by: Gloria Brown-Burnett

Position: FAV



DEPARTMENT OF HUMAN SERVICES

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

March 31, 2026

The Honorable Pamela Beidle, Chair
Senate Finance Committee
11 Bladen Street
Annapolis, Maryland 21401

RE: TESTIMONY ON HB1559 - CHILDREN IN UNLICENSED SETTINGS AND PEDIATRIC HOSPITAL OVERSTAY PATIENTS - PLACEMENT - POSITION: FAVORABLE

Dear Chair Beidle and Members of the Senate Finance Committee:

The Maryland Department of Human Services (DHS) thanks the Committee for its consideration and respectfully requests a favorable report for House Bill 1559 (HB 1559).

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 Child and Family Well-Being program which is affected by HB 1559. This legislation prohibits foster youth placement in unlicensed settings, including hotels, homeless shelters, office buildings, and some non-residential environments in Maryland's Out-of-Home Placement (OOH) program. HB 1559 also establishes new joint systems for oversight of pediatric hospital overstay patients and ultimately prohibits pediatric overstays for youth by including hospital "inpatient unit or emergency department" among the new definitions of unlicensed settings. Finally, the bill establishes a new advisory group to evaluate existing services and opportunities for youth in out-of-home care.

HB 1559 supports DHS's commitment to end placements in unlicensed settings. Under the Moore-Miller Administration, DHS remains steadfast in creating a continuum of care that addresses youth's behavioral health needs in the least restrictive setting that meets their needs. Beginning with the 2024 legislative session, Governor Moore's budget included language that reformed how residential care providers are paid, which helped expand capacity for youth whose unique needs require intensive services or settings. That same year, we expanded options for placement in the least restrictive family settings through [a bill](#) (SB 708, 2024) the legislature passed that prioritizes placement with kin when a child requires out-of-home care. Later, DHS

amended our contracts with attorneys who represent youth to reinforce that advocating for placements in unlicensed settings, like hotels, is inappropriate under Maryland's legal ethics rules. With these structural placement improvements in place, then-Secretary Rafael López issued a [directive](#) on October 22, 2025, mandating that all 24 local departments immediately cease facilitating stays in unlicensed settings. While we made significant progress, our work is not yet finished. HB 1559 will codify existing DHS policy and improve upon existing inter-agency collaboration that is necessary to eliminate unlicensed placements and fulfill the Moore-Miller Administration's vision .

A primary challenge in resolving pediatric hospital overstay is the unique and complex needs of individual youth. The existing continuum of placement options sometimes are unable to immediately meet the combination of behavioral health and medical needs of youth resulting in a pediatric hospital overstay. Additionally, in their attempts to access treatment services, youth and their families are frequently served by different or multiple state systems. DHS created an Interagency Planning Committee to coordinate care for youth with high-intensity behavioral health and medical needs that explores individual youth's service needs. HB 1559 codifies this commitment by:

- Prohibiting stays in unlicensed settings for youth in the care and custody of the Department;
- Establishing the Child and Youth Placement Review Panel and Rapid Response Placement Teams to ensure real-time data tracking and to provide immediate, high-level intervention for youth in hospitals or unlicensed settings;
- Creating a Senior Advisor for Placement role within the Governor's Office for Children to streamline cross-agency decision-making; and
- Developing an advisory group to explore system-level opportunities to address statewide treatment services and refine a continuum of residential care options.

We appreciate the opportunity to offer favorable testimony to the Committee for consideration during your deliberations. DHS looks forward to continuing our partnership with the Speaker's Office on this important work. If you require additional information, please contact Justin Hayes, Acting Director of Government Affairs, at justin.hayes1@maryland.gov.

In service,



Gloria Brown Burnett
Interim Secretary

HB1559 Senate Hrng.pdf

Uploaded by: Joseline Peña-Melnyk

Position: FAV

JOSELINE A. PEÑA-MELNYK
Legislative District 21
Prince George's and
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SPEAKER OF THE HOUSE



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The Maryland House of Delegates

ANNAPOLIS, MARYLAND 21401

House Bill 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement.

Good afternoon Chair Beidle, Vice Chair Hayes and members of the Finance Committee. Thank you for the opportunity to present House Bill 1559.

The situations that have prompted the need for this bill are heartbreaking and simply unacceptable. It is our responsibility to end the practice of allowing Maryland's most vulnerable youth to remain in emergency rooms while their needs are not addressed and their trauma is furthered. This issue is personal. In 2018, I received a call from a school teacher who had a 14-year-old student who wanted to die by suicide. I met the student and his mother at a Panera Bread and we drove to an emergency room. I waited with this mother and son for 15 hours while they attempted to find an appropriate placement. Even after I left, finding a placement took days.

I left the situation understanding the frustration of a family whose young child in a behavioral health crisis had to spend days in an emergency room instead of a setting that could appropriately address his needs. Each year since, the stories about pediatric overstay have become worse. I have been approached on several occasions by hospital staff who feel like they are the only advocates for these children. Just this session, two nurses came to my office to share with me their deep concern about these youth who are spending their days in noisy, unsettling emergency rooms without education, friends, or fresh air. The nurses took it upon themselves to advocate for these children, urging us as lawmakers to step up for them and we must continue to do so.

For years, this State has been aware of the inappropriateness of placing youth in unlicensed settings and allowing youth to remain in hospitals after being medically cleared for discharge. In September 2025, the ultimate failure in the system occurred when 16-year-old Kanaiyah Ward died by suicide while unattended after being placed in a hotel by our State. House bill 1559 will end the State's practice of using unlicensed settings such as hotels, homeless shelters, and office buildings; and effective January 1, 2027, will end the use of hospital emergency departments for pediatric overstay patients. But simply ending

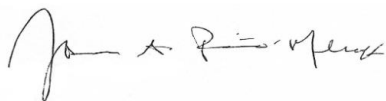
this practice is not enough. We must take steps to reform this system and be accountable to our most vulnerable youth.

Last year, the legislature passed House Bill 962 which required MDH and DHS to hire a pediatric overstay coordinator in each department to coordinate between hospitals, relevant State agencies and program, and providers of behavioral health services. The coordinators are required to ensure that pediatric overstay patients are transferred to and treated in the least restrictive appropriate setting.

House bill 962 also established the Workgroup on Children in Unlicensed Settings and Pediatric Overstays to provide recommendations on how to cease these placements. The bill before you today reflects some of the legislative recommendations provided by the workgroup to ensure State agency accountability and collaboration. House Bill 1559 will: establish a Senior Advisor for Children and Families in the Governor's Office for Children to oversee the MDH and DHS coordinators; establish a Placement Review Panel and a Rapid Response Team to take immediate action after being notified of a pediatric overstay patient. The bill further establishes an Advisory Council on Maryland's System of Care for Children, Youth, and Families that will require the various State agencies involved in with the youth touched by this bill to communicate, examine available resources, and develop standardized data collection and metrics across agencies.

The bill before you reflects the hard work and input from the Maryland Hospital Association, Governor's Office, Department of Human Services and Maryland Department of Health. The House vote on this bill was 127-0. Thank you and I urge a favorable report on this legislation that is of utmost importance to the children in our State who need us the most.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Peña-Melnyk". The signature is written in a cursive style with a large initial "J".

Delegate Peña-Melnyk

HB 1559 - FIN - MDH - LOSAA (1).pdf

Uploaded by: Meghan Lynch

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 31, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: House Bill (HB) 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement – Letter of Support as Amended

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for House Bill 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement. As amended, HB 1559 would prohibit the placement of children in unlicensed settings under the out-of-home placement program; alter the duties of the pediatric hospital overstay coordinators (“coordinators”); establish the Child and Youth Placement Review Panel in the Governor’s Office for Children with the Senior Advisor as its head; require the coordinators to convene a Rapid Response Placement Team under certain circumstances; authorizing the Department of Human Services to execute an emergency procurement with certain providers under certain circumstances; and establish the Advisory Council on Maryland’s System of Care for Children, Youth, and Families.

The Department agrees that pediatric hospital overstay cause harm to young people and their families. Ensuring youth do not remain in hospitals beyond medical necessity requires an all-of-government response. Such a response requires the participation of multiple Maryland state agencies.

Regarding the bill’s establishment of a Senior Advisor housed in the Governor’s Office for Children (§8–1403) (GOC): the Department agrees with the value of a point of contact in the Governor’s Office. This position would chair the Child and Youth Placement Review Panel and the Advisory Council and would ensure coordination among agencies on this issue.

Regarding the bill’s establishment of the Child and Youth Placement Review Panel (§8–1402): The Department supports the creation of a Child and Youth Placement Review Panel and supports the following membership for the review panel: MDH; DHS; Maryland State Department of Education;

Maryland Department of Juvenile Services; Maryland Department of Disabilities, and the Governor's Office for Children (represented by the proposed Senior Advisor). The review panel may consult with individuals and organizations with relevant expertise as needed. The Department supports the Senior Advisor chairing the Children and Youth Placement Review Panel.

Regarding the convening of a Rapid Response Placement Team (§8–140) (RRPT), the Department supports the creation of a RRPT co-chaired by the overstay coordinators at DHS and MDH. The Department supports including the coordinators on every RRPT and including the Senior Advisor in an advisory capacity. If applicable, the RRPT will also include a representative of the local department of social services and a representative of the hospital where the child is considered a pediatric overstay patient.

Regarding the bill's creation of an Advisory Council on Maryland's System of Care for Children, Youth, and Families (§8–140), the Department supports the creation of the council and its membership with a wide diversity of stakeholders. The Department agrees with this bill's intended purpose to prevent pediatric overstays and better serve Maryland children. For these reasons, the Department supports HB 1559 as amended and urges a favorable report. Thank you for your consideration.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at Meghan.Lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D
Secretary of Health

HB1559 - Peds Overstay - FIN - Sup.pdf

Uploaded by: Sameer Sidh

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

HB1559

Favorable

FROM: David Stockwell, M.D.
Chief Medical Officer, Johns Hopkins Children's Center

DATE: March 31, 2026

RE: HB1559 CHILDREN IN UNLICENSED SETTINGS AND PEDIATRIC HOSPITAL
OVERSTAY PATIENTS - PLACEMENT

Johns Hopkins **supports HB1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement.** This bill establishes several new state resources to address the dire issue of children in overstay status in Maryland's hospitals. These resources have a range of roles and responsibilities to look at this issue from every angle – from prevention to placement.

Johns Hopkins appreciates the leadership the Sponsor has provided on this issue, and the accountability she demands from the State by creating these resources. We hope these resources can resolve some of the issues causing pediatric overstays, such as lack of capacity at State facilities, inconsistent implementation of policies, and confusion regarding data collection.

This bill continues the work of last year's legislation, House Bill 962, cross-filed as Senate Bill 696 - legislation championed by the Speaker and the Chair of the Finance Committee. That legislation created the framework for accountability and capacity by defining the term "pediatric hospital overstay patient," requiring DHS to ensure the children in their care and custody are in the least restrictive setting, and, most importantly, authorizing funding for staff for the State residential facilities.

HB1559 builds on this by creating more accountability by transferring oversight to the Governor's Office of Children; improving state policies and practices through recommendations by the Advisory Council on Maryland's System of Care and Children, Youth and Families; and understanding the need to expand the current bed capacity in the State.

We are supportive of the amendments passed by the House included hospitals in the definition of an unlicensed setting but should be. Hospitals are not appropriate placements for these children, beyond what is medically necessary.

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.

The impact of pediatric overstays is felt directly on our frontline staff, who are burnt out, tired and hurt watching these children deteriorate as they wait, unfairly, in the hospital for appropriate setting. Recently, we housed two youth for over three months each, requiring a 4-to-1 staffing ratio -nursing, physicians, and security personnel - around the clock. In a two-month span on our psychiatry floor, we have had 46 staff injuries requiring medical attention. This happened because the children were tired of being there, and were unable to receive the proper therapeutic interventions, as Johns Hopkins Children's Center is an acute care hospital, not set up for that level of care. That level of risk is unsustainable - for staff and for patients.

We hope the resources created in this bill can resolve some of the issues causing pediatric overstays, such as lack of capacity at State facilities, inconsistent implementation of policies, and confusion regarding data collection.

From the hospital operations perspective, the absence of State respite and residential capacity is the single greatest driver of this crisis. When private provider beds are unavailable and State-operated beds remain unstaffed, hospitals become default housing - at tremendous cost to children and to the healthcare system. Maryland does have more appropriate settings, including MDH's two RICAs- but many licensed beds remain unstaffed and unavailable. The Advisory Council on Maryland's System of Care for Children, Youth, and Families in the bill will look at State bed capacity, amongst other things.

With regards to data collection, it is concerning 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. The Advisory Council on Maryland's System of Care and Children, Youth and Families, suggested in the bill, could make recommendations on more appropriate practices to address this concern.

On behalf of our clinical teams, our staff, and most importantly the children themselves, we respectfully urge for a **favorable report HB1559** and reiterate our support for holding the State accountable in addressing pediatric hospital overstays.

HB1559_FIN_MARFY_FAV.pdf

Uploaded by: Therese Hessler

Position: FAV



March 31, 2026

Senate Finance Committee

House Bill 1559 — Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

Position: Support

Chair Beidle, Vice Chair Hayes, and Members of the Committee:

On behalf of the Maryland Association of Resources for Families and Youth (MARFY), we respectfully submit this testimony in support of House Bill 1559.

MARFY represents licensed child placement agencies and community-based providers across Maryland that serve children and families through foster care, kinship care, residential treatment, and permanency programs. Our members operate across the continuum of care for youth with complex behavioral health, developmental, and trauma-related needs. We strongly support efforts to strengthen Maryland’s system of care and improve placement stability for children experiencing behavioral health crises or requiring intensive services.

House Bill 1559 addresses one of the most pressing challenges facing Maryland’s child-serving systems: the growing number of children who cannot access appropriate placements and instead experience hospital overstay or placement in unlicensed settings. Prohibiting the use of unlicensed placements while simultaneously strengthening system coordination is an important step toward ensuring children receive care in safe, therapeutic environments that meet their needs.

A strong continuum of care is essential for positive outcomes. Children require access to a full range of services — including community-based supports, mobile crisis intervention, therapeutic foster care, residential treatment, and step-down services — so that interventions can occur at the least restrictive level possible while still ensuring safety and stability. Gaps anywhere along this continuum create system bottlenecks that can lead to crisis escalation, hospitalization, and placement disruptions.

Mobile crisis services are particularly critical. When children and families can access rapid behavioral health intervention in their homes or communities, crises can often be stabilized without emergency department visits or inpatient admissions. These services reduce trauma for youth, preserve family connections, and decrease strain on hospital systems. Strengthening coordination across agencies to support mobile crisis response is therefore a key component of a functioning continuum of care.



Equally important is continuity between local departments of social services, behavioral health systems, and State agencies. Families and providers frequently navigate multiple systems with different eligibility requirements, funding streams, and decision-making processes. Improved interagency coordination — as contemplated in House Bill 1559 through new councils and oversight structures — can reduce fragmentation and improve outcomes for youth who require services from multiple systems simultaneously.

However, system improvements must also be accompanied by adequate funding and provider capacity. Providers across Maryland have experienced significant financial strain due to workforce shortages, rising operational costs, and reimbursement rates that have not kept pace with the complexity of care required for today’s youth. Increasing provider rates and stabilizing the workforce are essential to expanding placement capacity and preventing the need for unlicensed settings.

Families also need resources and supports to prevent crises from escalating to the point where placement becomes necessary. Early intervention, respite services, care coordination, and behavioral health supports can help maintain children safely in their homes and communities whenever possible.

House Bill 1559 represents an important opportunity to strengthen Maryland’s child-serving infrastructure, improve coordination across agencies, and ensure children receive care in appropriate, licensed environments. By addressing system gaps and supporting a comprehensive continuum of care, this legislation has the potential to improve outcomes for youth, reduce hospital utilization, and strengthen permanency and family stability.

For these reasons, MARFY respectfully urges the Committee to issue a favorable report on House Bill 1559. Thank you for your consideration.

For more information call or email:

Therese M. Hessler | 301-503-2576 | therese@ashlargr.com

HB 1559 - FAV - UMMS (Senate Hearing).pdf

Uploaded by: Will Tilburg

Position: FAV

**House Bill 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients
– Placement**

POSITION: Favorable

March 31, 2026

Senate Finance Committee

The University of Maryland Medical System (“UMMS”) supports House Bill 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement. House Bill 1559 (“HB 1559”) prohibits the placement of children in unlicensed settings, including hotels, office buildings, and other nonresidential environments, establishes a new placement review panel and rapid response placement team within the Governor’s Office for Children, and creates the new role of Placement Manager who will lead the placement review panel, rapid response placement team, and overall coordination and management of appropriate placement for children in unlicensed settings. Critically, as amended, the bill also includes “an inpatient unit or emergency department of a hospital” in the definition of an unlicensed setting, beginning January 1, 2027.

As amended, HB 1559 strengthens the ongoing work of the State and General Assembly to address the critical issue of children being placed in unlicensed settings, including pediatric overstay patients, and builds on House Bill 962 (Public Health - Pediatric Hospital Overstay Patients and Workgroup on Children in Unlicensed Settings and Pediatric Overstays), which passed during the 2025 legislative session. This issue adversely impacts the well-being of our youngest and most vulnerable patients, as well as the efficiency and effectiveness of our healthcare system. We are grateful to the Speaker for her leadership on this issue and urge the Committee to support this legislation.

The University of Maryland Medical System (UMMS) provides primary, urgent, emergency and specialty care at 11 hospitals and more than 150 medical facilities across the state. The UMMS network includes academic, community and specialty hospitals that together provide 25 percent of all hospital-based care in Maryland. Our acute care and specialty hospitals are located in 13 counties and Baltimore City, and serve urban, suburban and rural communities.

In recent years, UMMS member hospitals have seen an increasing number of children and youth who are stuck in emergency departments and inpatient units well beyond a period of medical necessity. Since July, the University of Maryland Medical Center in Baltimore City alone has had at least 24 children remain in the hospital for more than 48 hours after medical clearance. These children and youth, who range in age from 3 weeks to 18 years old, combined for a total of more than 350 overstay days in an emergency department or inpatient unit. Currently, there are two teenagers in overstay status, and each was medically cleared for discharge more than 2 weeks ago. These children are only in the hospital because there is nowhere else for them to go.

This is just one example from one hospital in our system, but it highlights the growing scope of the problem.

Children should not remain in hospitals after being medically discharged because it can negatively impact their development, mental well-being, and quality of life, and being forced to stay in a hospital beyond any medical necessity can be a traumatic experience. Hospitals are filled with loud and unfamiliar sights, sounds, and smells, and pediatric overstays in a hospital setting are frequently isolated from school, friends, and family, and the comforts of their everyday lives.

One recent child exemplifies how the services intended to protect vulnerable children have failed them. A teenage boy spent five months at a hospital because his mother refused to take him home. The local department of social services refused to take him into custody and refused to file a child in need of assistance (CINA) petition. The DSS told the hospital they were working on “family preservation” but there was no evidence of this over the duration of the 5-month stay. Once an out-of-state placement was finally identified, the mother refused the placement and took the child home. During the 5-month stay he was not violent and did not present any problems for staff. Approximately 6 months later, the child was again dropped off at a hospital in the same county by his mother who again refuses to take him home and has stated that she “no longer wants him.” The child was cleared for discharge three days into his stay, but a month later he remains in the facility. The DSS again is claiming that the mother has retained her parental rights and that they are working on family preservation. The DSS refuses to shelter the child, will not file a CINA petition, have made no demonstrated effort to find placement, and will not share which facilities have been contacted for placement and which facilities have denied placement. In the meantime, the child is in a room without sunshine or exercise, has no peer interaction and no access to school or educational activities. There appear to be no placement options on the horizon for this child.

The issue of pediatric hospital overstays also has significant adverse impacts on patient throughput and the ability of hospitals to treat sick and injured patients in a timely fashion. Each bed and room occupied by a child or youth who does not have a medical need for it limits the ability of a hospital to treat a patient who is in critical need of care. As many of these pediatric overstays occupy rooms in emergency departments there is also a direct connection between this issue and emergency department wait times.

UMMS is particularly supportive that the bill will require an advisory council made up of state and local agencies responsible for providing medical or behavioral health care or services or supervision of children, youth, and families and various subject matter experts to (1) complete an assessment of the current number of licensed beds, staff beds, and physical beds intended to serve the needs of children and youth, by agency, (2) develop an electronic process for tracking the real-time location, length of stay, and discharge plans for pediatric hospital overstays, and (3) develop a model for standardized data collection. Up to this point, tracking efforts have been grossly inadequate and frequently undercount the number of children in overstay by a significant amount. Given that these children need a variety of placements – residential treatment centers, group homes, foster care, and more – it is likewise difficult for hospitals to even track their incidence and prevalence. Enhanced data tracking efforts and standardized collection efforts will

greatly assist in quantifying the size and scope of the problem and identifying the areas of greatest need.

For these reasons, the University of Maryland Medical System supports HB 1559, and respectfully requests a *favorable* report on the bill.

For more information, please contact:

Will Tilburg
Vice President, Government and Regulatory Affairs
University of Maryland Medical System
William.Tilburg@umm.edu

HB1559 CPMC FAVA FIN.pdf

Uploaded by: Diana Philip

Position: FWA

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.**¹

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.”

¹ 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.