

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.



HB1181 - Family Law - Children in Out-of-Home Placement – Voluntary Placement Agreements House Appropriations and Health Committees April 3, 2026

Position: SUPPORT

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 report on HB1181 - Family Law - Children in Out-of-Home Placement - Voluntary Placement Agreements.**

HB1181 strives to strengthen existing Voluntary Placement Agreement (VPA) processes and protocols. The intent is to streamline VPA assessments and reduce hospital overstays; however, a secondary and equally significant benefit is to ensure implementation of a 2022 law enabling an equitable process by which parents of children with complex and high intensity behavioral health needs may seek medically recommended care for their children.

What is a VPA?

A Voluntary Placement Agreement (VPA) is a mechanism used when families temporarily relinquish physical custody (not legal custody) to the Department of Social Services (DSS) to access residential treatment or diagnostic services for their children with complex and high intensity behavioral health needs and/or developmental disabilities. A judicial hearing is required for VPAs that extend beyond six months, and occur every six months thereafter.

What HB1181 will do:

- require the referral of a child with special needs who is the subject of a VPA request and who is eligible for Medical Assistance to be referred directly to the local behavioral health authority, consistent with HB766/SB656 passed in 2022. This legislation allowed Local Behavioral Health Authorities (LBHAs), not DSS, to authorize funding for the educational component of a residential treatment center (RTC) placement when the child is on Medicaid and the only barrier is education funding. However, the law has yet to be implemented.
- streamline VPA applications by eliminating the need for the Local Coordinating Council.
- require parents to make reasonable efforts to prevent their child's placement as opposed to exhausting all home- and community-based services

- establish timeframes for the process of assessing families for a VPA and accountability for delays
- mandate annual training for local department staff assigned responsibility for VPA's that includes timeline and procedural compliance; trauma informed engagement; and interagency coordination
- clarify no child support enforcement if the child's family enters into a VPA

What HB1181 will not do:

- reduce lengthy waits for residential treatment center admission. The most recent Bureau of Behavioral Health report indicated that the average wait for a residential treatment center placement is 70 days; anecdotally we hear from caseworkers in the field that six months or more is typical. A more efficient process for the VPA will not shorten that stay.
- moreover, diagnostic facilities for boys 14+ - one of the placements allowable with a VPA – **do not currently exist in Maryland**. Lack of access to a 'stepdown' placement contributes to hospital overstays. A more efficient VPA will not lead to resources.

In summary, HB1181 proposes small but significant changes to the current protocols for Voluntary Placement Agreements that may ease hospital overstays but at least as important, will create equity for parents seeking medically recommended care for their children.

It is for these reasons that the Coalition to Protect Maryland's Children **urges a favorable report on HB1181 - Family Law - Children in Out-of-Home Placement - Voluntary Placement Agreements.**¹ A two-page information sheet accompanies our testimony to help explain more about VPAs.

¹ Members of CPMC represented by this written testimony include the American Academy of Pediatrics - Maryland Chapter, Arrow Child & Family Ministries, Child Justice, Center for Hope, Court Appointed Special Advocates (CASA - Baltimore County), Citizens Review Board for Children, Maryland Association of Resources for Families and Youth (MARFY), Maryland Children's Alliance, National Association of Social Workers – MD (NASW), the State Council on Child Abuse & Neglect (SCCAN), and individual members of the coalition.

VOLUNTARY PLACEMENT AGREEMENT

SAME MEDICAL NEED. TWO VERY DIFFERENT PATHS.

How Maryland's Voluntary Placement Process Forces Families into Foster Care

Residential Treatment Centers (RTCs) provide intensive psychiatric care for children with severe behavioral health needs.

✓ Admission requires **medical necessity** based on a psychiatrist's recommendation.

Two Families. Same RTC Recommendation. Different Treatment by the State.

PARENT A

Child has RTC recommendation + approved nonpublic school placement (IEP) OR is under age 13*

May contact RTC directly

Local Behavioral Health Agency assists

No child welfare involvement

No Juvenile Court

No attorneys

Parent retains physical & legal custody

Behavioral health treatment accessed as medical care

PARENT B

Child has RTC recommendation but NOT approved nonpublic school placement & is over age 13*

Must enter foster care literally for child welfare to pay for education w/ state funds

Public child welfare agency controls process

SAFE-C & family risk assessments required

Juvenile Court involved after 6 months

Attorneys appointed for child & parents

Parent must surrender physical custody

Behavioral health treatment accessed through foster care system

*children under age 13 in need of residential treatment care can be placed at St. Vincent's/Villa, where children attend neighborhood schools if not eligible for the on site special education

The Problem

Two families with the *same medical recommendation* are treated completely differently - solely because of education funding rules.

- One family accesses healthcare directly
 - The other must enter foster care, submit to an intrusive home and family evaluation, and experience legal hearings after 6 months.
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Why This Is the Wrong System

- Child welfare's mission is protection from abuse/neglect - not psychiatric treatment
 - RTCs are medical facilities overseen by the Maryland Department of Health
 - For 17+ years, policies and trainings have failed to fix this inequity
 - Parents remain delayed, exhausted, and traumatized by the process
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Policy Context

- **2003** – Voluntary Placement Agreements created
 - **2007** – Juvenile Court oversight expanded
 - **2018** - HB766 passed to enable MDH to approve educational funding and assume responsibility for all children in need of RTC; never enacted
 - **Today** – Families still forced into foster care to fund education for medical treatment
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What Needs to Change

Children with the **same medical needs** should access care through the **same, least intrusive path**. **Ensure equitable treatment for families without regard to special education status.**

We urge the General Assembly to:

- Revisit Voluntary Placement Agreements

- Facilitate the assignment of educational funding costs for RTC placements to MDH rather than DHS
- Align medical treatment with medical systems - not child welfare
- **End foster care as a funding mechanism for healthcare**