

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

Senate Judicial Proceedings Committee

April 3, 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 1181.

HB 1181 will implement several measures to improve the Voluntary Placement Agreement (VPA) process in Maryland. These changes will reduce hospital overstays and prevent some families from relinquishing full custody of their child to the Department of Human Services and lose all parental rights in order to access medically necessary residential treatment for their child.

VPAs are poorly understood, and the VPA process in Maryland is incredibly complicated and cumbersome, leading to further confusion. The included fact sheet and flow chart provide detailed information on VPAs. Here I will address some of the current specific problems with VPAs and how the bill will address them.

**Clarify an eligibility requirement**

Sensibly, a child should not enter an out-of-home placement unless reasonable efforts have been made to avoid such a placement, including trying lower levels of care. Maryland statute specifies that before a VPA request is approved, “reasonable” efforts must be made to avoid an out-of-home placement. COMAR and the Social Services Administration (SSA) policy directives use the same language - “reasonable efforts.” Nonetheless, Local Departments of Social Services (LDSSs), which are tasked with approving or denying a VPA request, will not approve a VPA unless a family has “exhausted” all community-based resources. This standard can be entirely clinically inappropriate. The family of a child with the most acute level of need can have their VPA request denied because they haven’t tried a much lower level of care, such as a psychiatric rehabilitation program. Yet the child is way past that level of care being even remotely practicable.

DHS develops annual reports on VPA requests, approvals, and denials. In the period 2022-2024, 36% of VPA requests were approved and 64% were denied. Of the denials, 28% were denied

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because the family failed to “exhaust” community-based resources.<sup>1</sup> By clarifying that “exhaust” is not the standard, but instead it is “reasonable efforts,” HB 1181 will result in more VPAs being approved that should be approved and prevent a child from lingering in a hospital.

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

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

- The sole purpose of an LCT meeting is to inform a family about community-based services, and they serve little purpose at this juncture. By the time a family comes to the extreme measure of seeking a VPA, the vast majority are already well-aware of the resources in their jurisdiction, having been informed by multiple providers and school staff, and tried most if not all of them.
- 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.

### **Amend child support obligations**

The existing requirement that families entering into a VPA must make hefty child support payments is ludicrous. 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 (including health insurance payments - a child in a VPA must be kept on their parent’s insurance), or other necessary expenses. Families are required to provide clothing, toiletries, and any other incidental expenses for their child in the out-of-home placement. Yet child support payments can be levied in amounts of \$800 to \$1,800/month. The threat of an onerous child support payment has been used to dissuade families from seeking a VPA for medically necessary treatment for their child. Consequently, the child does not get the care they need and can cycle in and out of the hospital or end up in hospital overstay. Alternately, a family proceeds with the VPA anyway, knowing that they will be unable to afford the payment, and ends up with a child support enforcement case. DHS has reported that most current child support orders issued under a VPA are in significant arrears.

To alleviate this additional stress on families, HB 1181 prohibits the Administration from referring a child’s case to the Child Support Enforcement Agency under a VPA and requires that existing child support orders issued under a VPA be modified.

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<sup>1</sup> Voluntary Placement Agreements for Children and Young Adults Annual Report. DHS.  
[https://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1\(d\)\\_2022.pdf](https://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1(d)_2022.pdf)  
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[https://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1\(d\)\\_2024.pdf](https://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1(d)_2024.pdf)

RTCs are an important component of the system of care for children and youth with intensive mental health needs. Onerous and unreasonable VPA requirements prevent families from accessing medically necessary care for their child, leading to hospital overstay 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. HB 1181 will make some improvements to the current system, therefore we urge a favorable report.