



Senate Judicial Proceedings Committee
April 3, 2026

**House Bill 1181 – Family Law - Children in Out-of-Home Placement –
Voluntary Placement Agreements**

Position: Favorable

The National Association of Social Workers – Maryland Chapter (NASW-MD) is a professional organization representing over 3,000 social workers statewide. We respectfully urge a favorable report on House Bill 1181 as amended.

HB 1181 makes targeted, practical improvements to Maryland's Voluntary Placement Agreement (VPA) process. While these changes may only modestly reduce delays that contribute to hospital overstays, their more significant impact lies in ensuring implementation of existing law and improving equitable access to medically necessary care for children with complex needs.

Background

A Voluntary Placement Agreement (VPA) allows a parent to temporarily transfer physical custody — while retaining legal custody — to the Department of Social Services (DSS) in order to obtain residential treatment or diagnostic services for a child with complex behavioral health needs or developmental disabilities. Judicial review is required for VPAs exceeding six months, with ongoing review by the Juvenile Court every six months thereafter.

Key Provisions

HB1181 strengthens and clarifies the current VPA process through the following measures:

- **Requiring LBHA referral consistent with 2022 law (HB766/SB656):** Children eligible for Medical Assistance who are the subject of a VPA request must be referred directly to the Local Behavioral Health Authority (LBHA). The 2022 law authorized LBHAs to fund the educational component of residential treatment placements when Medicaid is in place and education funding is the sole barrier to placement. *This provision has not been implemented;* HB 1181 reinforces that requirement.
- **Streamlining the application process:** Eliminates the Local Coordinating Council requirement, reducing unnecessary procedural delay.
- **Establishing a "reasonable efforts" standard:** Replaces the current "exhaustion" requirement, which can delay applications or result in unwarranted denials.

(over)



- **Creating timelines and accountability:** Establishes defined timeframes for VPA assessments and requires documentation of delays.
- **Requiring staff training:** Mandates annual training for DSS staff responsible for VPAs, covering procedural compliance, trauma-informed engagement, and interagency coordination.
- **Addressing child support provisions** within the VPA framework.

Limitations of the Bill

NASW-MD acknowledges that *HB 1181 does not address the underlying shortage of high-acuity residential treatment capacity*. The average wait time for residential treatment center (RTC) placement is approximately 70 days, with reports from the field indicating significantly longer delays in many cases. Additionally, Maryland currently lacks diagnostic placement options for boys age 14 and older - one of the placement types purportedly available through a VPA. Insufficient step-down resources further contribute to extended hospital stays. While HB 1181 meaningfully improves process efficiency, this alone cannot resolve the capacity constraints driving hospital overstays.

Conclusion

HB 1181 represents a focused and necessary refinement of the VPA process. It removes avoidable barriers, reinforces the implementation of existing law, and promotes more equitable access to care for Maryland children with complex behavioral health needs.

For these reasons, the National Association of Social Workers – Maryland Chapter urges a **favorable report** on HB 1181.

Thank you for your consideration

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