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Testimony on HB1181

Family Law - Children in Out-of-Home Placement - Voluntary Placement Agreements

Judicial Proceedings Committee

April 3, 2026

POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those who access care through the public behavioral health system. On behalf of our members, we respectfully urge a favorable report on HB1181.

CBH members provide a comprehensive range of outpatient, specialty, and residential treatment services for mental health and addiction-related disorders. Across the children's continuum, our members deploy clinicians in over two-thirds of Maryland schools, delivering services ranging from prevention to specialized care. Additionally, CBH members provide essential services within the juvenile justice and child welfare systems, including evidence-based interventions, treatment foster care, independent living programs, and residential treatment for youth involved in Maryland's child welfare system.

A Voluntary Placement Agreement (VPA) is a mechanism used when families temporarily relinquish physical custody to the Department of Human Services (DHS) so a child with serious mental illness or a developmental disability can access needed treatment that the family cannot themselves access or afford. Current VPA requirements and policies have made it nearly impossible for many families to access a VPA for medically necessary treatment for their child, resulting in youth lingering in hospitals long past the time they should be discharged, or a family deciding they must relinquish full custody of their child to the state to access needed treatment. We believe that HB1181 would implement several measures to address current issues with the administration of VPAs. Namely, by:

1. Clarifying an eligibility requirement

Per COMAR and Maryland statute, the bar for approving a VPA should not be that a family has "exhausted" all possible community-based services, but instead "made reasonable efforts to avoid an out-of-home placement." However, this has been reversed in practice, leading to unnecessary burden and delay.

2. Removing the Local Care Team (LCT) requirement

Currently, an LCT meeting must be held before a Local Department of Social Services (LDSS) can make a VPA determination. However, LCTs typically can do very little for a

April 3, 2026



family that has come to the extreme measure of seeking a VPA, and LCTs can neither approve nor deny a VPA request. This step unnecessarily delays the VPA process, leaving children waiting longer for care.

3. Increasing transparency and reducing familial burden related to child support payments

Currently, child support payments can be levied in high amounts that are out of reach for most families, causing them to abandon the VPA process and children to remain without appropriate care.

4. Fully implementing HB766/SB656, passed in 2022, by moving funding for the education cost of certain residential treatment center (RTC) stays from DHS to the Maryland Department of Health (MDH)

Currently, for children in VPAs, DHS pays for the education component of an RTC stay with state general funds. Per HB766/SB656 (2022), those dollars should run through MDH instead of DHS, preventing the need for a VPA in many cases. Maryland's Medicaid-eligible children who are entering a facility that accepts Maryland Medicaid should be able to access the psychiatric treatment they require without their family having to enter the child welfare system simply to have their child's education paid for.

Residential treatment is an important component of the system of care for children and youth with intensive mental health needs. Burdensome and unreasonable VPA requirements prevent families from accessing medically necessary care for their children, leading to hospital overstays and full custody relinquishment. HB1181 will address several of these concerns, and improve the lives of children with intensive mental health needs and their families. For these reasons, CBH is pleased to support HB1181 and urges your support as well.

For more information contact Nicole Graner, Director of Government Affairs and Public Policy, at Nicole@MDCBH.org.