



October 21, 2024

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Daniel Cohen  
Research Administrator  
Department of Human Services  
25 S Charles Street  
Baltimore, MD 21201  
Via email: [daniel.cohen@maryland.gov](mailto:daniel.cohen@maryland.gov)

**RE: Comments on Notice No. 24-116-P and Notice No. 24-115-P**

Dear Mr. Cohen,

Please accept this letter as comments from the Community Behavioral Health Association of Maryland (CBH) on proposed regulations governing the licensure of kinship homes (Notice 24-116) and LDSS resource homes (Notice 24-115).

The Community Behavioral Health Association of Maryland represents 89 organizations offering mental health or substance-related treatment and services to vulnerable Maryland residents. Our members deliver a range of services to children in out-of-home placements, as well as a continuum of behavioral health care to low-income youth and families who may be at risk of out-of-home placement.

Children living with relatives experience fewer behavioral problems and higher placement stability rates compared to children living with non-relatives in foster care. CBH commends the Department of Human Services (DHS or “the Department”) for its prompt implementation of new federal rules allowing greater flexibility in licensing kinship homes,<sup>1</sup> which will reduce barriers to kinship placements for Maryland youth.

Under federal law, a Title IV-E agency’s kin-specific licensing or approval standards must be “reasonably in accord with recommended standards of national organizations.” Due to the speed of DHS’s implementation, model standards for kinship licensing are not yet final. For purposes of these comments, CBH references the September 6, 2024, version of the standards under development.<sup>2</sup>

<sup>1</sup> U.S. Dept of Health & Human Services, ACF, [“Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes,”](#) Federal Register, Vol. 88, No. 187 (Sept. 28, 2023).

<sup>2</sup> See [“Kin-Specific Foster Home Approval: Recommended Standards of National Organizations”](#) (v1.0.11).



**Recommendation 1: Amend proposed regulations to remove barriers to background checks experienced by kinship caregivers.**

CBH recommends several amendments to incorporate key policy objectives from the national kinship standards under development:

**A. Location of background checks**

CBH recommends that the proposed regulations incorporate more flexible opportunities for conducting background checks, such as evening and weekend hours, mobile checks, and community-based locations that are not based in police stations.<sup>3</sup> Proposed COMAR regulations impacted by this recommendation are: 07.02.09.03A(2), 07.02.09.06C(2), 07.02.25.03D.

**B. Case-by-case exceptions for fingerprint-based background checks**

National standards under development encourage states to add exceptions to fingerprint-based background checks by allowing agency to forgo, on a case-by-case basis, fingerprint-based checks or felony convictions for those without immigration documentation.<sup>4</sup> CBH recommends that DHS create such exceptions in background check provisions within the proposed regulations, including COMAR 07.02.09.03A(2), 07.02.09.06C(2), 07.02.25.03D.

**C. Timely evaluation of background check results**

National standards emphasize the importance for rapid state evaluation of background check results:

Title IV-E agencies should take additional steps to evaluate results as quickly as is possible without compromising safety. Accordingly, we recommend that title IV-E agencies maintain an internal goal for the timely evaluation of fingerprint results. Louisiana is able to collect, receive, and evaluate fingerprint results in one day; Utah shared that their daily evaluation committee is able to provide same-day results in most cases.<sup>5</sup>

To better incorporate this policy objective into the proposed kinship regulations, CBH recommends amending proposed COMAR 07.02.09.03A(4) from a review of checks “as soon as they become available” to a more concrete standard, such as “Within one day of the results becoming available,” in order to reflect the national standards’ emphasis on speed.

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<sup>3</sup> [“Kin-Specific Foster Home Approval”](#) at p. 26.

<sup>4</sup> *Id.* at p. 16.

<sup>5</sup> *Id.* at p. 36.



**Recommendation 2: Amend proposed regulations to identify barriers to kinship placement stability arising from scarcity of behavioral health services.**

The proposed regulations repeatedly recognize that the behavioral health needs of both caregivers and children is critical to a kinship placement’s stability. See COMAR 07.02.09.03C, 07.02.09.03E, 07.02.09.10A, and 07.05.25.14A. The proposed regulations require behavioral health resources to be “identified” or “connected” for caregivers and children. We recommend amending these provisions to ensure that DHS plays a proactive role in documenting and reporting the unmet needs for behavioral health care among kinship caregivers and children in care.

Placement stability requires kinship caregivers and children to be able access appropriate behavioral health services, from evidence-based practices in outpatient therapy (such as dialectical behavior therapy or trauma-focused cognitive behavior therapy) to intensive in-home supports. Access to needed services like these simply does not exist in Maryland. By penetration rate, psych ED is the second or third most frequently used behavioral health service among Medicaid-insured children in Maryland. The penetration rate for psych ED varies from 21.8 to 15.2 by race, while rates for intensive, 1915(i) services vary from 0 to 0.06. Emergency departments are used more frequently than outpatient SUD services.<sup>6</sup>

Maryland must improve access to specialty behavioral health care in the Medicaid benefit and strengthen specialized family preservation services. The Maryland Health Care Commission (MHCC) has noted, “To establish and maintain an effective delivery system for mental health services in Maryland, funding for community-based services must be increased. The availability of community-based services can reduce the need for intensive inpatient acute psychiatric care and improve the quality of life for many Maryland residents.”<sup>7</sup>

DHS’s laudable efforts to strengthen child wellbeing and family stability should include efforts to measure timeliness and availability of access to behavioral health services for families at risk of out-of-home care and in kinship placement. Monitoring behavioral health access will ensure that children do not enter care or experience placement disruptions due to the inability to access needed care. This data will enable DHS to prevent future lawsuits and successfully partner with sister agencies to elevate solutions for the children and families in contact with DHS.

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<sup>6</sup> MDH, “[Annual Report on Behavioral Health Services for Children](#)” at pp. 61-65 (Sept. 2023).

<sup>7</sup> Maryland Health Care Commission, “[State Health Plan for Facilities and Services: Acute Psychiatric Services](#)” at p. 8 (August 2021).

October 21, 2024



Thank you for the Department's elevation of efforts to improve access to kinship care for Maryland children. CBH looks forward to partnering with the Department to ensure the future success of children and caregivers in kinship homes.

If you have any questions or need additional information about these comments, please do not hesitate to contact me at [shannon@mdcbh.org](mailto:shannon@mdcbh.org).

Sincerely,

A handwritten signature in blue ink, which appears to read 'Shannon Hall', is centered below the word 'Sincerely,'.

Shannon Hall  
Executive Director

October 21, 2024



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