NASW MARYLAND CHAPTER
National Association of Social Workers

Testimony before House Appropriations Committee
February 27, 2020

House Bill 1382: Children in Out of Home Placement – Medical Facilities
*** Support with Amendments***

On behalf of the National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, we applaud the effort to shine a light on the too long-overlooked issue of placements for youth who are among the state's most troubled. We are asking for your support, with amendments.

I am a social worker who retired after dedicating my 35 year professional career to the delivery of foster care and adoptions services, I've been a foster parent, and for the last 19 years I've spent a week with our youth in care at an overnight camp to reunify siblings. In short, I have substantial 'hands on' experience with youth in foster care, and with the issues highlighted by HB 1382.

Some may be unaware that the state's child welfare system is responsible not just for children and youth who have been maltreated, but also for those whose severe behavioral health and/or developmental disability has overwhelmed their parents' ability to cope. Behaviors may include acts of severe aggression leaving victims, including caregivers, in the hospital; sexualized behaviors that include compulsive and public masturbation and victimization of family members; acts of physical and sexual harm to family pets; self-harming behaviors that include cutting, suicide attempts or engaging in risky behavior such as frequent AWOLS. While on AWOL some may have sexual encounters with older men and/or multiple sexual partners bordering on sex trafficking. Other attempts at self-harm may include compulsively swallowing objects such as batteries, glass, metal, and screws. Make no mistake, despite these atypical and scary behaviors, every one of these children is deserving of the very best care possible.

Over the last 15 years, residential care fell into disfavor, not a bad thing on the face of it; whenever possible children need to live in stable family homes. But for this and a myriad of other reasons, roughly 300 therapeutic residential beds for children closed. Doing away with capacity, however, didn't do away with the need.

Because treatment beds for children with severe behavioral health disorders and/or severe developmental disabilities are in such short supply, these youth are languishing for as long as a year in temporary placements. While a handful may remain in psychiatric hospitals, more are in placements designed to be temporary, sometimes necessitating the approval of very costly 1:1 or even 2:1 staff. We suspect substantial funds are being dedicated not to solving the problem but perpetuating it.

As Maryland treatment center resources were drying up, eliminating out of state placements became a priority in 2016. Although a laudable goal, no state has capacity to meet the needs of all of its youth. Fire-setters, for example, are an especially difficult population to place; the good news is that the

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numbers are too small to design a facility specific to their needs. Although the paucity of sufficient resources in Maryland make out-of-state placement inevitable, to discourage these placements, DHS designed what were called "speed bumps" by one official – bureaucratic delays that feel to the caseworker like intentional efforts to thwart meeting children's needs. As a result, children wait months for placement while this bureaucratically driven process winds its way to a conclusion.

Finally, lengthy emergency room waits for children displaying such unsafe behaviors that evaluation for in-patient psychiatric hospitalization is warranted have grown substantially, as graphically illustrated on the attached chart. This is a serious problem facing not just children in foster care, but also children in the community at large.

What solutions can we recommend?

- We have finally taken the first step by openly recognizing that there is a serious problem, and that Maryland has insufficient resources to serve the children in our legal or physical custody (some are in foster care via voluntary placement for disabilities.)
- As a stop gap measure, re-open psychiatric respite programs like those once available for children awaiting placement in a residential treatment center. Use this model to also accommodate severely developmentally delayed youth awaiting placement in a more long-term program.
- The scarcity of therapeutic programs is not a problem the Department of Human Services can solve in a vacuum. Expanding residential treatment access and increasing psychiatric in-patient beds are the purview of the Maryland Department of Health and requires its immediate attention.
- Revamp the protocols for approving out of state placements to be child, not system, centered. Maintain a high standard for approval but until in-state alternatives exist, expedite those that are necessary.
- Convene a workgroup dedicated to the development of a data-driven and robust resource plan with participation from DHS, MDH, local department staff, MARFY providers, attorneys, and others. Accountability for progress may be in the form of regular reports to this committee.

We want to salute DHS for making some headway by opening a handful of new beds for children with this profile. But while some progress may have been made, it's not clear that the child serving agencies – especially MDH – have any real sense of awareness or urgency about the gravity of the problem or its solutions. We need to more aggressively address the bottlenecks, identify the real obstacles to placement – querying local department staff would be illuminating - and require that all state agencies contribute to improving the quality of care for children that are among our most vulnerable, albeit a challenge and costly to serve.

Respectfully,

Judith Schagrin, LCSW-C
Chairperson, Legislative Committee

More children in Maryland find long wait for mental health beds

Most children and adolescents who visit emergency rooms in Maryland for psychiatric reasons spend less than 24 hours there. However, due to a statewide shortage of inpatient beds for youths in crisis, more individuals than ever are spending anywhere from 24 hours to 20 or more days in an emergency department, waiting for a bed in a mental health facility.

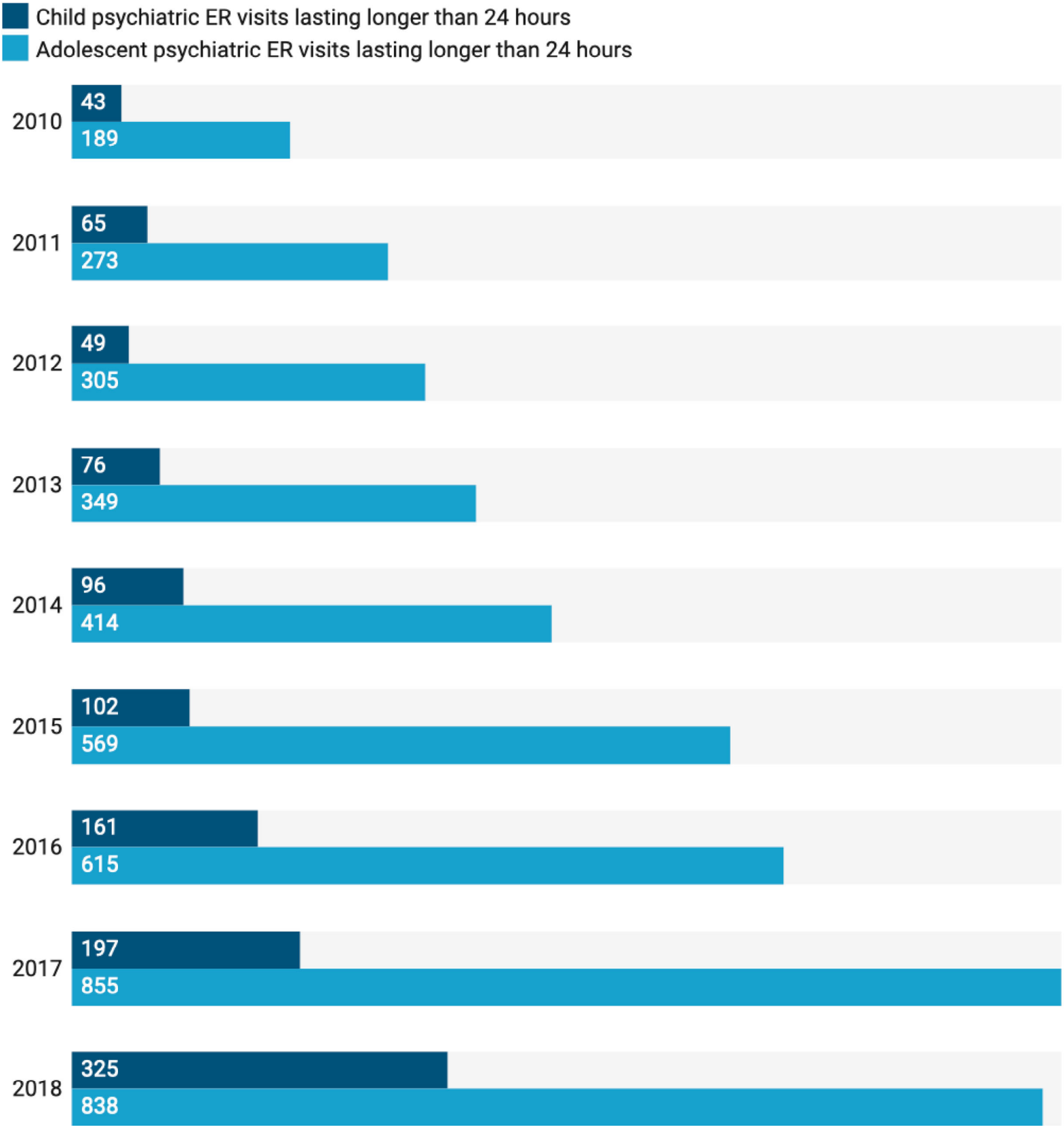

Chart: Natalie Jones • Source: Maryland Health Care Commission • Get the data • Created with Datawrapper