
HB 1382
Letter of
Information

TO: The Honorable Maggie McIntosh, Chair
House Appropriations Committee

FROM: Annie Coble
Policy Analyst, Johns Hopkins University and Medicine

DATE: February 27, 2020

Thank you for the opportunity to share our unique experiences relating to **HB 1382 Children in Out-of-Home Placement-Placement in Medical Facilities**. Johns Hopkins appreciates the sponsors attempt to put into motion procedures to protect the vulnerable children who are being harmed by unnecessary hospitalizations due to insufficient community-based treatment.

Johns Hopkins has a long history of, and a substantial commitment to, providing care for persons who suffer from mental health and substance use disorders. Our nationally ranked department of psychiatry treats a higher percentage of medically compromised psychiatric patients than any other hospital in Maryland. Hopkins expert team includes the Division of Child and Adolescent Psychiatry, which is devoted to meeting the behavioral needs of our young patients through a multidisciplinary approach to both the treatment and research of child psychiatric disorders.

Over the past several years, due to insufficient community based treatment, our Child and Adolescent Psychiatry inpatient units have experienced an alarming increase in the length of stay for our young patients. Citing testimony Johns Hopkins submitted in 2017, some children have been hospitalized for as long as 115 days beyond what is medically necessary. During this extended and unnecessary hospitalization children have little to no access to ongoing education, outdoor recreational activities, or community and family engagement. This extended hospitalization is not only detrimental to the child, it is also a significant resource drain limiting our ability to admit and treat more patients. The cost to the hospital and the state is significant; inpatient services cost \$2,109 per day. For the child hospitalized for 115 days beyond what is medically necessary, the expense was \$242,535. This is critical funding that could otherwise be dedicated to more efficient and appropriate treatment for multiple children. While we have performed a recent assessment of these figures, anecdotally we can confirm that this problem has only escalated since 2017.

Generally these increases in the length of stay are attributed to a lack of both appropriate community and inpatient placements and sufficient state processes to address out-of-home placement when needed. Throughout the state there is a shortage of neurobehavioral inpatient beds that are designated to meet the increasing needs of children who are both

developmentally disabled and behaviorally impaired. This lack of capacity often results in children languishing in hospital emergency departments or inpatient units, and occasionally placed out of state where they are segregated from their family and surroundings. The various channels of state government that are responsible for addressing the needs of these children are challenging to navigate for social workers responsible for finding appropriate placement prior to discharge. The responsible agency often varies based on diagnoses or age of the patient, with coordination needed, but lacking when more than one agency or department is involved. The development of a standard multi-agency approach to finding and securing appropriate community based care would dramatically improve the lives of these children.

This issue is not unique to Johns Hopkins hospitals; hospitals across the state are experiencing the same problem. Children kept in medical facilities because of a lack of appropriate alternatives is a systemic problem and requires a comprehensive review by all the stakeholders.

cc: Members, House Appropriations Committee
Delegate Brooke E. Lierman