



## **HB 1382 – Children in Out-of-Home Placement – Placement in Medical Facilities**

**Committee: Appropriations**

**Date: February 27, 2020**

**Letter of Information**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

HB 1382's goal is to address a problem that has been evident for years and continues to grow: the problem of children who are in out-of-home placements being stuck in inappropriate settings - namely hospitals and psychiatric facilities. This is part of a larger problem of a lack of resources for children and youth with intensive mental health needs and/or significant developmental disabilities and/or severe behavior problems.

There has been a strong impetus over the last decade to close residential psychiatric facilities for children and instead serve youth with community-based services, but robust community-based services have failed to materialize. In 2008, 848 children and youth were served in Maryland Residential Treatment Centers; by 2018 that number had dropped to 454. That decade saw the closure of hundreds of psychiatric residential treatment beds in Maryland. While the desire to serve children in their communities whenever possible is commendable:

- There are still children who need more intensive psychiatric services. These children have not gone away.
- Many services that would help to keep children and adolescents in their community placements, such as 24/7 Mobile Response and Stabilization Services, crisis beds, respite, and high-fidelity wraparound, don't exist in Maryland.

The dramatic decline in the number of psychiatric residential treatment beds has had the consequence of children lingering in inpatient units, because there is nowhere appropriate for them to go on discharge. Families sometimes refuse to take a child home from an inpatient unit because they feel they cannot care for them in their home, further creating a bottleneck.

This has had a domino effect – children now can sit in emergency departments for days, weeks and sometimes months, waiting for an inpatient bed. Youth with severe developmental disabilities can be particularly difficult to place in an inpatient unit.

The problem of kids in out-of-home placements being stuck in medical facilities is larger than just children involved with the Department of Human Services. The entire system is clogged with children and families needing help. This issue must be addressed by the Children's Cabinet. The Behavioral Health Administration, the Governor's Office for Children, and the Developmental Disabilities Administration should all be key players in addressing this pressing crisis.

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