children and youth remain stable after discharge and do not return to a hospital setting. Viable solutions require child- and family-serving public agencies (e.g., MDH, BHA, DDA, DJS, etc.) and providers (e.g., congregate care, psychiatric hospitals, therapeutic or treatment foster care, etc.) across the state to share responsibility and collaborate together to build an appropriate and sufficient array of placement settings, primarily family-based, that can provide safe, stable and nurturing homes in a timely manner for children and youth demonstrating this specialized set of needs.

Children and youth in psychiatric hospital settings, particularly beyond medical necessity, typically present with a chronic history of severe and complex behavioral and mental health issues that have resulted in the youth having experienced multiple placement changes as well as severe instability in their social, home and community functioning. Many states are grappling with accessing mental health services for this high-risk population. However, what we know is that without adequate, individualized, and well-coordinated services, these children are more likely to remain in highly restrictive environments reducing the likelihood of timely reunification or permanency despite reasonable efforts.

Children who have been placed in psychiatric hospitals engage in behavior that is unsafe for themselves and for the communities. The behaviors demonstrated are indicative of pervasive exposure to trauma, violence, substance use and other adverse childhood experiences, which is displayed as episodic acute crisis. The children and youth requiring have emotional and intellectual disabilities, sexually reactive and sexualized behaviors, co-occurring disorders (high aggression and low IQs), and self-injurious and assaultive behaviors. The children and youth are victims of extreme abuse and neglect, toxic stress, and lack of sufficient early intervention. Based upon the description, when they are ready for discharge there are few placement providers willing to accept a child with a history of intense behavioral and/or mental health challenges, most of whom have inconsistently received appropriate treatment within a therapeutic milieu.

HB 1382 undermines the complexity of these overstay cases, and the legislation is not curative of the underlying problem—a deficiency in placement resources across the State. We appreciate the opportunity to share this information with the Committee. We hope this information will be seriously considered during Committee deliberations.

Warm regards,

**Paul Stearns, MASSB President**

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Maryland Association of Social Services Boards

**DATE:** February 26, 2020

**BILL NUMBER:** HB1382

**COMMITTEE:** Appropriations

**BILL TITLE:** Children in Out-of-Home Placement - Placement in Medical Facilities

**POSITION:** Letter of information

House Office Building
Annapolis, Maryland 21401

Dear House Appropriations Committee,

The Maryland Association of Social Services Board (MASSB) respectfully submits this this letter of information regarding House Bill 1382 (HB1382). HB 1382 is intended to solve a serious problem. Currently, children in foster care who have complex needs and behaviors may experience a hospital "overstay," if an appropriate placement cannot be secured by the time the child is ready for discharge from the hospital. It is important that as we go forward in identifying a solution to this problem, we remain focused on what is in the best interest of the children we serve. HB 1382 makes the following changes to current law:

1. Creates a 30-hour cap on the amount of time a child may remain in the hospital beyond medical necessity; prohibits the medical facility from keeping the child more than 30 hours for evaluation after discharge from the acute level of care, even if the child has no appropriate placement to transition to
2. Prohibits a court from requiring the hospital to keep the child beyond medical necessity, even if the child has no appropriate placement to transition to, and discharge is not in the best interest of the child; renders any previous findings of an Administrative Law Judge (ALJ) absolute
3. Prohibits the Local Departments of Social Services from taking the child to an emergency facility for treatment, if that child has experienced a hospitalization for the same behavior or symptoms within the last 7 days
4. Prohibits an emergency hospital facility from treating a child if they were admitted to an emergency facility within the last 7 days for the same behavior or symptoms
5. Requires the Department of Human Services to reimburse the hospital for any costs associated with the child's stay beyond medical necessity. It should be noted, the Department of Human Services currently provides the hospital compensation in the event of an overstay.

MASSB recognizes the urgency of addressing the number of children and youth who remain in acute settings beyond medical necessity. The issue of child welfare-involved children and youth remaining in hospitals and psychiatric institutions beyond medical necessity is highly complex. This problem requires a comprehensive, multi-disciplinary and collaborative approach to increase the availability of clinically appropriate and well-supported placements for youth to both prevent hospitalization and respond holistically so they can discharge when ready. Additionally, a robust and high functioning placement and service array would be able to ensure