

Advisory Board for
Queen Anne's County Dept of Social Services
125 Comet Drive, Centreville, Maryland 21617



DATE: February 27, 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 Queen Anne's County Department of Social Services Advisory Board (QAC Board) respectfully submits this letter of information regarding House Bill 1382 (HB1382), which 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 develop solutions to this problem that we consider all potential ramifications of this legislative action. HB 1382 makes the following changes to current law:

1. Limits the amount of time a child may remain in the hospital beyond medical necessity to 30 hours and prohibits the medical facility from keeping the child more than 30 hours for evaluation after discharge from acute level of care - even if the child has no appropriate place to go;
2. Prohibits a court from requiring a hospital to keep a child beyond medical necessity, even if the child has no appropriate place to go and discharge is not in the best interest of the child and renders absolute any previous findings of an Administrative Law Judge;
3. Prohibits the Local Departments of Social Services from taking a 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. (Note that the Department of Human Services currently provides the hospital compensation in the event of an overstay.);

The QAC Board recognizes the urgency of addressing the number of children and youth who

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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. For that reason, this problem requires a comprehensive, multi-disciplinary and collaborative approach that increases the availability of clinically appropriate and well-supported placements for youth. Such steps are needed to prevent hospitalization as well as to respond holistically so they be discharged only when they are ready (and have somewhere safe and appropriate to go).

Any robust and high functioning placement and service array would ensure that 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 to 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 have a history of chronic, severe, and complex behavioral and mental health issues that have resulted in them undergoing multiple placement changes as well as severe instability in their ability to function in home, at school, and in the community. Many states are grappling with identifying and accessing mental health services for this high-risk population. However, we know that without adequate, individualized, and well-coordinated services, these children are less likely to arrive in stable and supportive environments despite reasonable efforts.

Children who have been placed in psychiatric hospitals often engage in behavior that is unsafe for themselves and for communities. These behaviors reflect pervasive exposure to trauma, violence, substance use and other adverse childhood experiences: collectively known as episodic acute crisis. Such children and youth often have emotional and intellectual disabilities, are sexually reactive and display sexualized behaviors, have co-occurring disorders (high aggression and low IQ), as well as self-injurious and assaultive behaviors. These children and youth are victims of extreme abuse and neglect, toxic stress, and lack of sufficient early intervention. Based upon these factors, few placement providers are willing to accept a child with such a history of intense behavioral and/or mental health challenges, most of whom have received inconsistent levels of appropriate treatment within a therapeutic milieu.

HB 1382 understates and undermines the complexity of such 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,

Alison Davis

Alison F. Davis, PhD, Chair, on behalf of the QAC Board

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