

**Bradley L. Schlaggar, MD, PhD**President and CEO

Zanvyl Krieger Faculty Endowed Chair

A comprehensive resource for children with disabilities

February 15, 2022

The Honorable Maggie McIntosh Chair, House Appropriations Committee Room 121 House Office Building Annapolis, MD 21401

Re: Letter of Information on House Bill 406 - Children in Out-of-Home Placements - Placement in Medical Facilities

Dear Chair McIntosh:

Kennedy Krieger Institute applauds Delegate Reznik for his sponsorship of House Bill 406 and for serving as a tireless advocate for some of Maryland's most vulnerable children and adolescents.

Maryland's youth must have access to appropriate services, regardless of their level of need. When a child is removed from their family, the removal itself is traumatic, compounding the traumas that led to that removal, such as abuse, neglect, trafficking victimization, and behavioral health challenges.

A child who is made to endure unnecessary or extended hospitalizations will have little to no access to educational and enrichment programs during that hospitalization. This scenario is not only detrimental to the child, it is also a significant resource drain limiting the hospital's ability to admit and treat more patients. Placement agencies are overwhelmed in their attempt to find the appropriate community placement and treatment options for the child owing to the scarcity of necessary resources in the community. Importantly, needed resources include not only pediatric inpatient acute and subacute psychiatric beds, but also skilled staffing necessary to serve patients utilizing those beds. As a consequence, the child often languishes in the acute care hospital or is placed in an inappropriate placement which typically leads to a return to the hospital.

As mentioned above, when a child experiences unnecessary or extended hospitalizations, they are subject to trauma. These traumas, also known as Adverse Childhood Experiences (ACEs), are associated with increased risk for a broad range of negative social outcomes, psychiatric and substance use disorders, health risk behaviors, and medical health problems.

Trauma, especially when untreated, can have devastating long-term adverse effects to an individual, including major health concerns (such as obesity, diabetes, depression, cancer, nicotine addiction, alcoholism, and others), and decreased life potential (such as decreased graduation rates, lower academic achievement, and others).

Maryland, like arguably every State in the US, has a shortage of available mental health beds, staff, and resources to support children and adolescents who are in need. Staffing shortages predate the pandemic and, of course, have been exacerbated by it. It is critically important for the State to take stock of the current number of available pediatric psychiatric beds along with the current staffing of those beds, and then quantify the current and anticipated total bed and staffing needs, in order to calculate the magnitude, statewide, of the delta between current and needed resources. Additionally, the State should explore multi-layered solutions to include, but not be limited to, building staffing capacity to create communities of safety and well-being for Maryland's most vulnerable children.

We deeply appreciate the efforts of the Committee to engage in identifying and implementing needed solutions.

Respectfully,

Bradley L. Schlaggar, MD, PhD

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President and CEO