



## GOVERNOR'S COORDINATING OFFICES

Community Initiatives · Service & Volunteerism · Performance Improvement  
Crime Prevention, Youth, & Victim Services · Small, Minority, & Women Business Affairs  
Banneker-Douglass Museum · Volunteer Maryland · Deaf & Hard of Hearing

February 15, 2022

Chair Maggie McIntosh  
House Appropriations Committee  
Room 121  
House Office Building  
Annapolis, Maryland 21401

**RE: HB 406: Children in Out-of-Home Placements – Placement in Medical Facilities**

Dear Chair McIntosh and Members of the House Appropriations Committee:

The Governor's Office of Crime Prevention, Youth, and Victim Services is submitting this letter of information on behalf of the Children's Cabinet regarding HB 406: Children in Out-of-Home Placements – Placement in Medical Facilities. The Children's Cabinet includes the secretaries from the departments of Budget and Management; Disabilities; Health (MDH); Human Services; and Juvenile Services; as well as the State Superintendent of Schools for the Maryland State Department of Education and the Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services.

This legislation seeks to change the circumstances under which a court may commit a youth for inpatient psychiatric care; establishes requirements and procedures for the placement by local departments of social services (LDSS) of certain children in medical facilities; authorizing certain psychiatric providers to petition a court to compel a local department to remove a child from said provider under certain circumstances; requiring the Department of Human Services (DHS) to submit a specific payment for violation of this legislation; establishing the Foster Child Support Fund to be administered by the Community Health Resources Commission; prohibiting an emergency facility from admitting or keeping a youth beyond a certain period of time under certain circumstances; and establishing the Task Force to Examine the Placement of Foster Children in certain psychiatric treatment providers.

For all inquiries, please contact  
Cameron Edsall, Legislative Affairs Manager  
410-855-2538  
Cameron.Edsall2@maryland.gov

The issue of overstaying psychiatric necessity within an Emergency Department (ED) or hospital is extremely complex and involves multiple systems of care, each with its own policies and procedures. In an effort to decrease the number of youth experiencing a stay in an ED or hospital past medical necessity, the Children's Cabinet worked collaboratively to develop an [Interagency Plan to Address Youth with Complex Needs](#)<sup>1</sup>.

Since the development of this plan, the following has been accomplished by Cabinet agencies:

1. Development of Psychiatric Residential Treatment Facility (PRTF)-Level Beds
  - In FY 21, the Governor provided \$5 million in funding via a Notice of Funding Availability through the Maryland Department of Health (MDH) for providers that will develop programming targeted at the population experiencing overstays.
  - One provider is up and running in Western Maryland. Three youth that were in an active overstay were able to be placed into this program in December 2021. A second provider is building its operation and is anticipated to start receiving youth in summer 2022.
2. Community-Based/Respite Placements
  - 49 specialized high-intensity group home beds were created in 2020 through DHS.
  - A Statement of Need was issued in December 2021 by DHS to obtain 60 community-based beds for psychiatric respite care.
3. Mobile Crisis and Stabilization
  - MDH secured \$4.8 million from an emergency COVID grant dedicated to mobile crisis and stabilization training, technical assistance, implementation, and direct services.
  - MDH is dedicating \$1.57 million out of BHA's COVID-related Mental Health Federal Block grant dedicated to fiscal and quality monitoring of mobile crisis and stabilization, care coordination and related expenses.
  - MDH is dedicating \$9 million out of BHA's COVID-related Substance Use Disorder Federal Block grant. Again earmarked to support and expand crisis services, care coordination efforts, training, monitoring, and oversight.
  - Through Project Bounce Back, to address social-emotional learning, MSDE is implementing a statewide Maryland School Mental Health Response Program to assist local school systems and provide technical assistance for accessing behavioral health services for students.
  - MDH (BHA and Medicaid) applied for and received a CMS technical assistance grant for almost \$800,000 which is being used to engage Health Management Associates to assist the state in the process of including mobile crisis services into

---

<sup>1</sup>The Children's Cabinet Interagency Plan to Address Youth with Complex Needs can be found here: <http://goccp.maryland.gov/wp-content/uploads/Childrens-Cabinet-Interagency-Hospital-Overstays-Plan.pdf>

a revised state plan amendment in order to fully access the 85% Federal match opportunity under the American Recovery Plan Act (ARPA)

4. Build-out of Evidence-Based Practices (EBPs)/1915i

- Maryland already has the capacity to access enhanced rates for certain EBPs under existing State Plan Amendment and Medicaid waivers (1915b and 1915i)
- These areas are also under exploration for future expansion options through a technical assistance contract under grant funds primarily targeting crisis services, as these EBPs are an essential component of high intensity stabilization services for youth and families
- Based upon a prior independent audit affiliated with the last Medicaid 1915b waiver renewal, the state recognizes the need to increase both the provider pool (Care coordination providers and 1915i service providers) as well as the utilization of both of these services. Goals include building out the availability of these EBPs and exploring barriers to families accessing these services.

5. Public Awareness Efforts/Relationship Building - State and Local, Public and Private

- BHA is working on training for police engagement with mobile crisis teams in a collaborative partnership that supports developmentally appropriate engagement only when absolutely necessary.
- Strong relationship building continues with the Maryland Hospital Association to partner in identifying possible overstays and coordinating a team to assist in putting a service plan in place.

6. Local Care Team (LCTs) Revitalization

- The Children's Cabinet approved protocols directly linking hospitals with LCTs to open up communication flow for youth in or at risk of an overstay. The Maryland Hospital Association helped develop those discharge protocols and implementation is underway.
- The Children's Cabinet dedicates \$1.8 million in funding yearly for every Local Care Team to employ a Local Care Team Coordinator to facilitate the work being done.
- Additional staff time support at the local Core Service Agency / Local Behavioral Health Agency are being supported on a county by county basis to the limit of funding availability.

Finally, the Children's Cabinet collaborated in the preparation of the [FY 2021 Out-of-Home-Placement Report](#)<sup>2</sup> which showed improvement in the population experiencing inpatient hospital care.

- 629 placements were identified as either a medical or psychiatric hospital stay which is a 23.4% decrease from FY 2020.
- 9% decrease in all out-of-home placements from FY 2020.

Please feel free to reach out to the Office if any additional information is needed.

Sincerely,



V. Glenn Fueston, Jr.  
Executive Director  
Governor's Office of Crime Prevention, Youth, and Victim Services

---

<sup>2</sup> The Children's Cabinet FY 21 Out-of-Home Placement Report can be found online here:  
<http://goccp.maryland.gov/wp-content/uploads/2021-OOHP-Report.pdf>