



February 10, 2022

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

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

Dear Chairman McIntosh and Honorable Members of the Committee:

Thank you for the opportunity to share our unique experiences and insights that relate to the core of what House Bill 406: Children in Out-of-Home Placements Medical Facilities (HB 406) seeks to address. MPW/WPS appreciate the sponsors' attempt to put into motion procedures to protect vulnerable children harmed by unnecessary hospitalizations due to insufficient community-based treatment options.

The Maryland Psychiatric Society (MPS) and Washington Psychiatric Society (WPS) are professional organizations of over 1,000 psychiatrists that work to foster high-quality, accessible, culturally humble comprehensive, effective, and patient-centered care for Maryland residents living with mental health and substance use conditions. MPS/WPS's mission is to advocate for the highest quality of care for all Maryland residents living with mental health and substance use disorders. In addition, the societies work to ensure that historically disadvantaged and marginalized individuals have access to culturally respectful, comprehensive treatment, serve and represent the professional needs of Maryland psychiatrists, including underrepresented and diverse voices within the psychiatric community, and collaborate with other professional, community, and government organizations to advocate for our patient's rights and interests.

Specific to HB 406, MPS/WPS represent psychiatrists across the state, including psychiatrists with subspecialties such as child and adolescent and forensic psychiatry, many of whom work in inpatient units with some of the most complex clinical and social cases. Unfortunately, inpatient pediatric services are already lacking in beds for critically ill patients, and the length of stay of children and adolescent patients waiting for an inpatient bed in emergency rooms has increased over the past few years. This reality has only worsened with the high demand for acute services that hospitals have experienced during the pandemic. Sadly, child and adolescent psychiatry inpatient units often have patients admitted to acute services but cannot be discharged because, while clinically stable, they do not have a place to reside.

Over the past several years, due to insufficient community-based treatment, child and adolescent psychiatry inpatient units have experienced an alarming increase in the length of



**Washington
Psychiatric Society**

stay for our young patients. Some children have been hospitalized for over 100 days beyond what is medically necessary. During these extended and unnecessary hospitalizations, children have little to no access to ongoing education, outdoor recreational activities, or community and family engagement, all of which contribute to the worsening of their mental health. This extended hospitalization is not only detrimental to the child, but it is also a significant resource drain limiting the ability of child and adolescent psychiatry inpatient units to admit and treat more patients.

The cost to the hospital and the state is significant, with inpatient services costing \$2,109 per day on average. For children who have been hospitalized for over 100 days, the costs incurred by the hospital easily exceed \$200,000. This critical funding could otherwise be dedicated to more efficient and appropriate treatment for multiple children. These long lengths of stay are attributed to a lack of appropriate community and inpatient placements, as well as lack of social supports, especially for youth who are under the care of the Department of Social Services when transitioning to out-of-home placement takes place and there is not an expedited process to place the child who is already stable clinically. The problem is even more pressing for children with neurobehavioral disorders such as autism spectrum disorder or other developmental disabilities.

This lack of capacity often results in children languishing in hospital emergency departments or inpatient units, and occasionally being placed out of state where they are segregated from their family and surroundings. The various channels of state government that are responsible for addressing the needs of these children are challenging to navigate for social workers responsible for finding appropriate placement prior to discharge. The responsible agency often varies based on diagnoses or age of the patient, and coordination is needed, but lacking when more than one agency or department is involved.

Children kept in medical facilities because of a lack of appropriate alternatives is a systemic problem and requires a comprehensive review by all the stakeholders. MPS/WPS thanks the sponsor of HB 406 for starting the discussion of these important issues by introducing this bill.

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee