

TO: The Honorable Guy Guzzone, Chair
Senate Budget and Taxation Committee

FROM: Annie Coble
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Thank you for the opportunity to share our experiences leading Johns Hopkins to **support [HB 406 Children in Out-of-Home Placement-Placement in Medical Facilities](#)**. Johns Hopkins appreciates the sponsors attempt to put into motion procedures to protect the vulnerable children who are being harmed by unnecessary hospitalizations, prolonged hospitalizations, and prolonged emergency department stays due to insufficient community-based treatment and placement options.

Johns Hopkins has a long history of, and a substantial commitment to, providing care for persons who suffer from mental health and substance use disorders. Our nationally ranked department of psychiatry treats a higher percentage of medically compromised psychiatric patients than any other hospital in Maryland. Our Division of Child and Adolescent Psychiatry is an important part of this expert team, and is devoted to meeting the behavioral health needs of our young patients through a multidisciplinary approach to the assessment, treatment, and study of pediatric mental disorders.

Over the past several years, due to insufficient community-based treatment and placement options, our Child and Adolescent Psychiatry inpatient units and pediatric emergency department have experienced an alarming increase in the length of stay for our young patients. Citing testimony Johns Hopkins submitted in 2017, some children have been hospitalized for as long as 115 days beyond what is medically necessary. During such extended and unnecessary hospitalizations and emergency department stays, children have little to no access to ongoing education, outdoor recreational activities, or community and family engagement. Unnecessarily prolonged hospitalization is not only detrimental to the child, it is also a significant resource drain, limiting our ability to admit and treat the many vulnerable pediatric patients in mental health crisis who are increasingly presenting in emergency departments and other health care settings. Johns Hopkins Child and Adolescent Psychiatry inpatient services receives over 2,000 referrals and is only able to accept approximately 20% due to the unit being at capacity.

The cost to the hospital and the state is significant in both human and financial terms. Inpatient psychiatric services cost \$2,109 per day. For the child hospitalized for 115 days beyond what is medically necessary, the calculated expense is \$242,535. This is critical funding that could otherwise be dedicated to more efficient and appropriate treatment for multiple children. Our recent review suggests that this problem has only escalated since 2017.

Generally, these increases in the length of stay are attributed to a lack of both appropriate community and inpatient placements and sufficient state processes to address out-of-home placement when needed. In a retrospective review of three years of data looking at factors related to length of stay on the Child and Adolescent Inpatient Services, the most salient predictor of prolonged length of stay was need for out-of-home placement at the time of discharge. This troubling finding highlights the importance of inadequate out of home placement options as a driver of unnecessary days on pediatric psychiatry inpatient units and in emergency departments.

The relative lack of needed out of home placement options for Maryland youth has a profound ripple effect throughout an already overwhelmed system of acute psychiatric services for children and adolescents. Throughout the state there is a shortage of not only general acute inpatient psychiatric hospital beds, but also more specialized neurobehavioral inpatient beds that are designated to meet the increasing needs of children who are both developmentally disabled and behaviorally impaired. This lack of capacity often results in children languishing in hospital emergency departments without access to active interventions. An unfortunate consequence is that children who could have been successfully managed with prompt and appropriate acute psychiatric management may escalate to violence or self-harm, and may end up being placed out of state where they are separated from family and familiar surroundings.

The various channels of state government that are responsible for addressing the needs of these children are challenging to navigate for the social workers and clinical teams responsible for arranging safe, appropriate, and timely placement prior to discharge. The responsible agency often varies based on diagnoses or age of the patient, with coordination needed, but often lacking when more than one agency or department is involved. Johns Hopkins has a number of pediatric patients with psychiatric conditions in state custody awaiting placements outside the hospital and who have been here beyond what is medically necessary. The development of a standard multi-agency approach to finding and securing appropriate community-based care and living arrangement would dramatically improve the lives of these children.

This issue is not unique to Johns Hopkins hospitals; hospitals across the state and country are experiencing the same problem. 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.

HB406 is a huge step in the right direction by creating accountability for state agencies to find safe and timely placements for these children. Additionally, the creation of the Task Force to Examine the Placement of Foster Children in Emergency Departments is a crucial tool for creating long term successes. The issue of children being stuck in medical facilities has been a long-standing issue and will not see improvements until there is true investment in an integrated and forward-looking solution by the State, as seen by the creation of this task force. We would encourage the membership of the Task Force to be broadened to include clinical representation of hospital and community providers.

For these reasons, Johns Hopkins urges a favorable report of HB406.