



Maryland
Hospital Association

House Bill 406 - Children in Out-of-Home Placements - Placement in Medical Facilities

Position: *Support as Amended in the House*

March 30, 2022

Senate Budget & Taxation Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 406. Maryland hospitals care for everyone who comes through their doors, but too often patients are unable to access the level of care needed to transition back into the community.

Last fall, hospitals joined the Maryland Department of Health (MDH) to identify reasons behind discharge difficulties among children and adolescents who were identified as at risk for a delay, especially children involved with one or more state agencies. Foster youth, especially children and teens with complex medical needs, face many barriers to appropriate care.

Over an eight-week span, hospitals reported the number of youths in an "overstay," defined as being in the emergency department for longer than 48 hours or in an inpatient unit beyond medical necessity. An average of 39 hospitals reported weekly, with an average of 16 hospitals reporting at least one child meeting overstay criteria. In the average week, 25 youth met overstay criteria in the emergency department, and 25 youth met overstay criteria in inpatient units.

During this study, hospital staff offered additional context to understand the reason behind a discharge delay. While capacity issues were most cited for the delay, hospital staff identified a state agency process as a primary or secondary cause of delays for the majority of the overstays. These include:

- Unable to place in a group home
- No foster care placement identified
- No available therapeutic foster care placement
- Parents abandoned patient or passed away
- Guardian wants to relinquish rights
- Waiting on interstate compact approval

These findings reaffirm results of research MHA conducted prior to the COVID-19 pandemic, when hospitals wanted to understand the myriad reasons a patient may be difficult to discharge. In 2019 hospitals participated in two studies of discharge delays among behavioral health patients in both inpatient settings and emergency departments. These studies found:

- During the 90-day study of behavioral health inpatients, 3% of patients experienced a discharge delay¹
- During the 45-day study of emergency departments, 42% of behavioral health patients experienced a delay²

It is clear these discharge delays clog up hospital resources and waste money. More important, it is vital that these vulnerable individuals receive the right care in the right place at the right time.

We thank the bill sponsor for recognizing this very important issue. As noted, there are multiple and complex reasons for these delays. Any sustainable solution will require a holistic approach that includes coordination among all state agencies responsible for meeting the health, custodial and social/emotional needs of foster youth.

The bill, as amended, requires the appointment of an individual to coordinate between MDH, the Department of Human Services, local agencies, and the courts. MDH indicated they are hiring a person to coordinate when patients are unable to be discharged from the hospital due to pending state action. It is imperative that any state coordinator or coordinating body be empowered to remove barriers to timely discharge. The dedicated staff at our hospitals work tirelessly with state and local agency counterparts to secure necessary placements for children and youth in need. Often, the system creates barriers beyond the control of any individual caseworker.

When we craft policies that impact foster youth, it is imperative to remember our responsibility to ensure they have every opportunity to thrive and lead healthy, happy lives like their peers who are not in the care of the state. We must remember these experiences shape childhood memories, and most foster youth remember each placement—good or bad.

Our foster youth deserve nothing less than commitment from the state, hospitals, and other stakeholders to work together to address this issue and ensure they have access to the care and support they need.

For more information, please contact:
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¹ www.mhaonline.org/docs/default-source/resources/mha-report-jan-2019.pdf

² www.mhaonline.org/docs/default-source/resources/behavioral-health/behavioral-health-patient-delays-in-emergency-departments-study-2019.pdf