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CORPORATE OFFICE

House Bill 406
Children in Out-of-Home Placements – Placement in Medical Facilities
Position: Favorable
Budget & Taxation
March 30th, 2022

Good Afternoon, Chairman Guzzone and Committee Members, my name is Megan Pearlman. I am the Clinical Social Work Team Lead at the University of Maryland Medical Center for the inpatient psychiatric units. I want to first thank you for allowing me this opportunity to provide support for this legislation on the behalf of the University of Maryland Medical System. HB 406 would require more timely action amongst agencies and further protect the rights of the pediatric psychiatric patients who are inappropriately admitted to the inpatient psychiatric units or are unable to discharge due to the local Department of Social Services' inability to identify suitable out-of-home placements in a timely manner.

Our Child and Adolescent Inpatient Psychiatric Unit provides care for hundreds of kids each year who require acute psychiatric stabilization. The average length of stay is between 5 and 7 days. Now, I can share a lot of statistics with you, but one piece of data that underscores the plight of children on our unit who are in the custody of DSS is this: over the past 9 month, a total of 7 patients, or kids rather, in DSS custody, spent a total of 359 days in the hospital beyond what was deemed medically necessary and against their will. During this time of unnecessary overstay, these kids miss out on milestones such as attending their friends' birthday parties or even celebrating their own, taking their driver's license test, attending afterschool sporting events, celebrating Thanksgiving, Christmas, and the list goes on. And what is worse, while here,

awaiting placement, they often begin to regress, blaming themselves as if this is their fault for seeking help in the first place. It is difficult for most people to even comprehend the traumas and adversities these kids have already had to endure. To have to live in a locked psychiatric unit without the familiar faces of their family members and/or friends is unconscionable. No child should be forced to remain in a locked inpatient psychiatric unit simply due to the failings of the government agency that is charged with protecting and caring for them. While I imagine that the work of DSS is not easy, neither are the lives of these children. At the very least, it is incumbent upon DSS to work collaboratively with the hospital teams to find these children a suitable home.

In conclusion, for all these reasons, University of Maryland Medical Systems urges a favorable report of HB406.