UNIVERSITY of MARYLAND
MEDICAL SYSTEM

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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

Dear Chairman Guzzone, Vice Chair Rosapepe, and Members of the Budget & Taxation Committee:

My name is Katrina Escuro, and I am a child and adolescent psychiatrist and medical director of the child and adolescent psychiatry inpatient unit at University of Maryland Medical Center. Thank you for providing this opportunity to express my support for this legislation on the behalf of the University of Maryland Medical System. We have seen a significant rise in the number of children who have been psychiatrically stabilized but remain in the hospital because they are awaiting placement by the Department of Social Services. In the past six months alone, we have cared for five children who collectively account for more than 200 days of hospital "overstay," or days in the hospital after the child was cleared for discharge. This is more than 200 days without fresh air or proper education. More than 200 days with only limited contact with family and friends. More than 200 days that these children cannot get back. Imagine spending 200 days without stepping foot outside or seeing your loved ones.

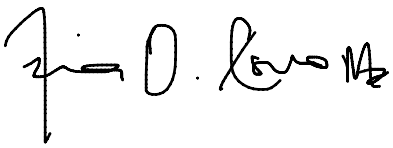
Whenever we have a child on our unit who needs placement outside of their home, our hospital treatment team arranges regular meetings with the child's DSS team to obtain updates on placement and determine if we can provide additional information to help secure placement. It is not unusual for us to find out during these meetings that the forms required for referral are outdated and focused on the child's behaviors prior to hospitalization, thus resulting in available placements declining to accept these children or even interview them once they are psychiatrically stable. The clinical updates that are requested of us are sometimes attached to these referrals, but rarely reviewed after reading the initial form. There are times where we have successfully advocated for these forms to be updated to reflect how these children are behaving after receiving treatment, but placements are often not willing to reconsider once they have already made a decision. Imagine always being judged solely by your worst behavior when you are in the middle of a crisis.

One child who was on our unit for almost two months after psychiatric stabilization was accepted to another facility, but her transfer required approval from Social Services Administration for out of state placement. It took over one month for SSA to review and approve the placement, despite this facility being identified several weeks beforehand. Meanwhile, this child often wondered aloud why no one wanted her. When asked if she needed anything, she replied "a home." Imagine your fate in someone else's hands, sitting on someone else's desk awaiting signature.

The delay in finding placement for these children has downstream effects as well. These children occupy beds that are subsequently unavailable to the dozens of children waiting in emergency rooms across the state for inpatient psychiatric admission. These beds occupied by children who are already psychiatrically stable represent over 200 days' worth of treatment that cannot be provided to children in crisis. Imagine watching your own child sleeping on a stretcher in the emergency room for over a week after a suicide attempt, because there are no beds available.

We fully recognize that funding and resources are limited, but we are asking for those responsible for placing these children to approach the process more creatively and look at alternate options in a more timely manner. We understand that DSS is charged with finding placement for many children out in the community, in addition to those in the hospital. Hospital treatment teams are often skilled in coordinating referrals to other treatment providers and willing to assist DSS in the placement search. We are asking that DSS collaborate with the various hospital teams to find placement for children in the hospital as soon as possible. The hospital may seem like a reasonable place for children to wait for placement, but they are at serious risk of decompensation once they have outgrown the acute crisis stabilization programming. Imagine passing legislation that can help these children heal from their past traumatic experiences and learn how to navigate life safely and successfully. Passing House Bill 406 can help make this a reality.

Sincerely,



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