

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

House Appropriations  
February 15, 2022

**Letter of Information**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to offer this letter of information regarding House Bill 406.

HB 406 establishes a timeline for out-of-home placements after a child is treated in a psychiatric facility. But it does not address the community treatment capacity issues that make it difficult to quickly discharge youth to an appropriate level of care.

In Maryland, community behavioral health services are often inaccessible to families and their children living with a mental illness. Recent closures of several residential treatment centers (RTCs) have only exacerbated this lack of access. More restrictive emergency departments are increasingly being utilized for behavioral health care due to the limited options in community behavioral health programs for children. The Maryland Hospital Association released data demonstrating that some children have been hospitalized “more than 100 days past medically necessary while they waited for a transfer.”<sup>1</sup>

This is alarming. It is an example of a system that is woefully under-resourced to discharge minor patients from a hospital to a community program. Mental Health Association of Maryland has seen an uptick of helps calls from families seeking services for a child with a behavioral health concern that is stuck in the emergency department. These children are being forced to remain in a setting that could worsen their condition and further delay their recovery. HB 406 is a good start at responding to the issue, but additional measures should be taken to improve the children’s system of care. The root cause of the issue of youth stuck in hospital overstay is a lack of placement options.

MHAMD supports the language creating a Task Force to Examine the Placement of Foster Children in Emergency Departments, particularly the mandate of the Task Force to make recommendations on, “a structure to maximize cooperation between the Maryland

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<sup>1</sup> The Washington Post. “MD youths needing psychiatric care find long waits, drives.” December 11, 2019. ([https://www.washingtonpost.com/local/md-youths-needing-psychiatric-care-find-long-waits-drives/2019/12/11/516058a2-1c6e-11ea-977a-15a6710ed6da\\_story.html](https://www.washingtonpost.com/local/md-youths-needing-psychiatric-care-find-long-waits-drives/2019/12/11/516058a2-1c6e-11ea-977a-15a6710ed6da_story.html))

Department of Health and the Department of Human Services in securing appropriate placement for children in foster care.” We believe that an approach which fosters collaboration across agencies will best serve youth as we all look toward the gaps in our child-serving system of care.

We applaud the leadership of the bill sponsor and the advocates who have been working to address this issue. MHAMD and our Children’s Behavioral Health Coalition support the urgent need to address gaps in behavioral health resources for youth and would like to see further discussion and attention paid to this critical issue.

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