

**Senate Finance Committee**  
**Senate Bill 387: Task Force on Reducing Emergency Department Wait Times**  
**Support**

**February 23, 2023**

Maryland's Chapter of the National Association of Social Workers represents social workers across the state. We support Senate Bill 387: Task Force on Reducing Emergency Department Wait Times, a bill intended to create a task to identify solutions for reducing lengthy emergency room waits, study best practices, and recommend solutions.

Many social workers in our organization have years of experience with managing unconscionably long emergency room waits with vulnerable clients. In child welfare, spending the night at the emergency room with a child awaiting evaluation for in-patient psychiatric hospitalization was once jokingly referenced as the way social workers "cut their teeth". That 24 hour wait became two days...three days...a week...or even a month or longer and instead of an adult known to the child, adult babysitters are hired by the agency or hospital. Can you imagine a Maryland youth in our state's custody literally living in the emergency room for weeks or months? It happens.

No surprise that after a 4<sup>th</sup> or 5<sup>th</sup> hospitalization, parents of children with high intensity behavioral health needs are exhausted and frustrated, desperate enough to hand over responsibility for the child's care to the Department of Social Services for foster care placement. In fact, youth with high intensity behavioral health needs are now a driver of roughly 30% of all entries into foster care. For these children and youth, trauma behaviors are characterized by danger to self or others such as compulsive cutting; sexual predatory behavior; severe aggression; harm to animals; and/or impulsive ingestion of objects.

Some also become the youth on overstay in psychiatric hospitals while local departments scramble for non-existent placements willing to accept the youth into their program. Now, we are "hoteling" children – placing children in our state's custody with a 24/7 contracted supervision, gift cards for food, and the local laundromat. At \$30,000+/child for one month, we understand this is bleeding local departments of funding intended to preserve families and enhance children's foster care experience. As a result, there are security deposits that won't be paid; medication co-pays that can't be covered; home furnishings like beds, linens, and dishes the local department can't provide; specialized treatment that can't be covered; and access to summer camp for children will be reduced. "Hoteling" children not yet widespread, but one child in state custody stashed in a hotel is too many.

According to a Behavioral Health Administration report completed several years ago, we are spending as much as \$7 million to evaluate children in the emergency room who aren't subsequently hospitalized. Surely that funding could be better spent on expanding mobile crisis response or even a psychiatric hospital diversion with crisis beds.

While it would be simplistic to believe that the state's current placement crisis could be resolved simply by shortening emergency room wait times, the emergency room is the 'front door' to the children who become long-stayers in hospitals and oftentimes, those who enter state custody to obtain "deep end" behavioral health residential care.

We would request that another member be added to the task force – a social worker from the National Association of Social Workers. Social workers have significant experience with this particular issue and would enrich the work of the task force.

We ask for a favorable report for Senate Bill 387.

Judith Schagrin, LCSW-C  
Co-Chair, Legislative Committee