

Montgomery County Federation of Families for Children's Mental Health, Inc.

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SB 403 Hospitals and Related Institutions – Residential Treatment Centers – Accreditation

Senate Finance Committee February 15, 2024 POSITION: SUPPORT

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health

MC Federation of Families is pleased to support **SB 403 Hospitals and Related Institutions - Residential Treatment Centers - Accreditation.**

challenges. My son has debilitating depression. My daughter has co-occurring challenges.

SB 403 will alter the definition of "accredited residential treatment center" for certain provisions of law governing hospitals and related institutions to include residential treatment centers accredited by the Commission on Accreditation of Rehabilitation Facilities or the Council on Accreditation.

SB 403 will help to address the hospital overstay crisis in Maryland by allowing the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) to serve as accrediting bodies for RTCs. This change will incentivize more behavioral health providers to provide RTC programs. Maryland is the only state not to recognize CARF as an accrediting body for RTCs. Maryland statute recognizes only the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). At the time that this policy was established, hospitals were the only providers of RTCs. This policy is antiquated because two more accrediting bodies – CARF and COA – have long been recognized by the federal government as appropriate to monitor RTCs (42 CFR 441.151). Maryland recognizes CARF and COA for the various other community behavioral health service lines as well as for Intermediate Care Facilities (ICF). CARF and COA focus on a rehabilitative model rather than a medical model. For this reason, most behavioral health providers choose CARF or COA for their accreditation. Due to this antiquated policy of allowing only JCAHO to serve as the accrediting body for RTCs, behavioral health providers would need to get a second accreditation solely for their RTC program, which would be costly in terms of both time and money. This is a major deterrent to building capacity to increase RTC programs.

Having very limited RTC programs directly has hurt and continues to harm children and youth with serious behavioral health challenges. The number of facilities that can treat these children and youth decreased over the last five years. As fewer children and youth have been placed in RTCs, the number of children and youth

who experienced hospital overstays has increased. Hospitals have often become the default dumping ground for warehousing our children and youth. Hundreds of Maryland children and youth suffering with severe behavioral health challenges are kept in emergency departments or inpatient hospitalization for weeks and months. They are not getting the level of care they need to get better. There are Maryland foster children and youth who currently are experiencing, or are at imminent risk of experiencing, medically unnecessary hospitalization. These children and youth with challenging behavior are stuck in hospitals while they wait for placement in a congregate care group home, a highly restrictive RTC, or a residential program for youth with disabilities. The emergency rooms and hospitals are not the behavioral health interventions these children and youth need. In fact, it is damaging them. They are kept in the hospital and prevented from going outside. They are unable to have proper opportunities for education, recreation, socialization, fresh air, or basic interactions that are critical for their development. Their mental health deteriorates the longer they remain in the hospital.

Maryland should allow RTC programs to be accredited by CARF and COA and thereby eliminate a major barrier preventing behavioral health providers from developing and offering RTC programs. Children and youth stuck in hospitals can be released only if there are clinically appropriate places for them to go where they will receive the treatment needed to address their challenging behavior problems, get an education, and be kept safe. These places are so scarce. Specialized RTCs need to be developed that are tailored to the clinical and safety needs of children and youth with severe behavioral health challenges.

MC Federation of Families urges this committee to pass SB 403.