

UPMC Western Maryland
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Good afternoon and thank you Chair Beidl and Vice Chair Hayes for the opportunity to address the Committee, and for your timely concern and attention to this issue.

My name is Kathryn Whitacre, Director of UPMC Western Maryland Behavioral Health Services, located in the rural region of Cumberland, Maryland. We serve residents in Allegany County and the surrounding counties in Maryland, West Virginia, and Pennsylvania.

UPMC Western Maryland is always working to improve access and coordination of care for behavioral health services. We are increasing access points for individuals to be connected to the right level of care across the continuum and support the tenets of SB 696 especially the *least restrictive settings* language. To that end, we have embedded behavioral health specialists in primary care offices, enhanced our telehealth capabilities, and strengthen our collaboration with our local and regional partners such as Allegany County Local Behavioral Health Authority – and with the intention of meeting our patients where they are, and where they want to be.

Given our rural location, there are a lack of resources for adolescents and specialty care for patients with aggression or severe autism dx. The bill's provision for MDH to conduct a review of residential treatment center and respite facility rates is MUCH needed. There is also a lack of transportation.

Over the past 2 years, we have experienced several pediatric overstay in our ED with the most recent lasting upwards of 7 weeks (and was issued 33 denials from other hospitals). Although we are fortunate to have a low volume of pediatric overstay incidents, each one traumatically impacts their mental health and delays their ability to receive treatment in the most appropriate care setting. All of this negatively impacts this pediatric patient population.

First and foremost, these children are isolated. The child is stuck inside a hospital room for an extended period. They are not able to go outside, and often do not know what time of day it is due to lack of windows/light. That is considered delirium. Moreover, there are physical health concerns for these children due to limited environment that doesn't allow for exercise. In fact, at times, 1:1 care is needed as well as support from security when they need to sit with the youth for safety reasons. This poses challenges around hospital staffing and throughput issues are exacerbated.

Second, there is no school. The child is missing school, and they are challenged to complete coursework while in the ED. There is limited support from the school system and delays in the process to provide services for those youth boarding with an extended length of stay.

Third, communication amongst agencies is disjointed and often lacking guidance. Often the only feedback we get is to "check the bed board" or there is "nothing we can do for this child."

As a representative of UPMC Western Maryland, I thank you for your time and consideration along with the opportunity to share our concerns from the rural perspective.

We respectfully ask for a favorable report on Senate Bill 696. [Legislation - SB0696](#)