



Sheppard Pratt

Oral Testimony – Carrie Etheridge-FAV

Senate Bill 696 – Public Health – Pediatric Hospital Overstay Patients

Senate Finance Committee

February 18, 2025

Madame Chair, Vice Chair Hayes, and members of the Senate Finance Committee,

Thank you for the opportunity to testify on this critical bill. I also thank the Chair for recognizing its importance. My name is Carrie Etheridge, and I am the Director of Social Work at Sheppard Pratt. I am here to share my firsthand experience in hospital, inpatient psychiatric, and residential treatment center (RTC) processes to highlight the challenges our pediatric patients and care providers face daily.

Impact and Dangers of Children Staying in Hospital Beds Longer Than Necessary:

- Emotional and psychological harm: Extended hospital stays without appropriate therapeutic care exacerbate anxiety, depression, and behavioral deterioration. **Our acute settings are meant to stabilize and get patients to a less restrictive setting such as day hospitals, outpatient therapy or RTC's. The level of therapeutic intervention provided in such settings is critical to maintaining the progress and health of the most vulnerable children in our state. A locked inpatient psychiatric unit is meant to be brief, not months and sometimes years simply because they have nowhere to live.**
- Developmental setbacks: Children miss critical educational and social development opportunities when confined to a hospital setting. **While home and hospital is utilized, it does not remotely meet the needs or expectations of a full academic day, occurring a few hours a week at best depending on tutors schedules.**
- Trauma exposure: Being hospitalized for extended periods can be retraumatizing, leading to worsening mental health conditions. **Knowing you are abandoned, and no one is coming to pick you up whether that is your family or your DSS worker is incredibly demoralizing for a teen who has already been abandoned by so many parts of the community and system. Watching other kids come and go, families visit and pick up their peers is incredibly destabilizing.**

- Increased aggression and crisis incidents: Many children decompensate in hospital environments, leading to escalated behaviors requiring more intensive interventions. **It is a vicious cycle of re-traumatization that occurs when kids feel hopeless and see no end in sight. When there is no hope of getting out of the hospital no matter how stable and positive your behaviors and functioning are currently, they reengage in maladaptive behaviors. This negates all of the progress made for months when they could have left the hospital, but were not able to simply because they had nowhere to go, not because they needed to be in a locked inpatient psychiatric facility for their care and safety.**

Diversion of Resources & Impact on Hospital Operations:

- Hospital beds are blocked: Overstay patients occupy beds that could serve other children in psychiatric crises.
- Strain on emergency departments: Hospitals must hold children in emergency rooms while inpatient beds remain full, delaying care for new admissions.
- Increased staffing burden: Extended stays require hospital staff to provide long-term care without the specialized resources needed for rehabilitation.
- Financial and operational strain: Hospitals must allocate resources for non-acute care rather than crisis stabilization, impacting overall efficiency.

The burdensome processes in place that are ineffective, time consuming and broken exacerbate these issues. Waiting for the VPA process, CPS/DSS to reply to abandonment report when patient is not picked up by parent, waiting for group homes and RTC's to have the staffing even if a bed is available, and absolutely no recourse or consequence for families that refuse to pick up their children such as an automatic CINA hearing adds to the delays and travesty that these children face. We have lost placements and beds that a child is ready to go to because of red tape and ill created state systems that don't talk to each other and don't meet the needs of Maryland's most vulnerable.

Sheppard Pratt fully supports efforts to address pediatric hospital overstay challenges and enhance care coordination. Ensuring a robust continuum of care benefits not just overstay patients but the entire behavioral health system.

For these reasons, Sheppard Pratt urges a **favorable report on SB696.**