Maryland
Hospital Association

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

Position: ***Support with Amendments***
February 15, 2022
House Appropriations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 406. Maryland hospitals care for everyone who comes through their doors, but too often patients are unable to access the level of care needed to transition back into the community.

Prior to the COVID-19 pandemic, our hospitals began to study the myriad reasons a patient may be difficult to discharge. In 2019 hospitals participated in two studies of discharge delays among behavioral health patients in both inpatient settings and emergency departments. These studies found:

- During the 90-day study of behavioral health inpatients, 3% of patients experienced a discharge delay [1]
- During the 45-day study of emergency departments, 42% of behavioral health patients experienced a delay [2]

In both studies, children and adolescents were identified as at risk for a delay, especially children with involvement in one or more state agencies. Foster youth, especially children and teens with complex medical needs, face many barriers to appropriate care.

In the fall, hospitals joined the state Department of Health to better define the reasons behind discharge difficulties in this population. Hospitals reported the number of youths in an "overstay," defined as being in the emergency department for longer than 48 hours or in an inpatient unit beyond medical necessity. Over an eight-week span, an average of 39 hospitals reported weekly, with an average of 16 hospitals reporting at least one child meeting overstay criteria. On average, there were 25 youth meeting overstay criteria in the emergency department and 25 youth meeting overstay criteria in inpatient units each week.

During this study, hospital staff were able to provide additional context to understand the reason behind a discharge delay. While capacity issues were most cited for the delay, hospital staff identified a state agency process as a primary or secondary cause of delays for the majority of the overstays. These include:

[1] www.mhaonline.org/docs/default-source/resources/mha-report-jan-2019.pdf
[2] www.mhaonline.org/docs/default-source/resources/behavioral-health/behavioral-health-patient-delays-in-emergency-departments-study-2019.pdf

- Unable to place in a group home
- No foster care placement identified
- No available therapeutic foster care placement
- Parents abandoned patient or passed away
- Guardian wants to relinquish rights
- Waiting on interstate compact approval

We thank the sponsor of the bill for recognizing this very important issue. As noted, there are multiple and complex reasons for these delays. Any sustainable solution will require a holistic approach that includes coordination among all state agencies responsible for the health and care of foster youth.

However, while well intentioned, HB 406 contains several provisions that warrant further review. The bill prevents a hospital from keeping a minor who is in the custody of a local department of social services longer than authorized even if an appropriate alternative placement is unavailable. Federal guidelines direct how hospitals discharge and evaluate patients. [3] Maryland hospitals cannot discharge any patient without a safe discharge plan in place. Although the bill allows a hospital to petition the court to remove a child from the facility, there are concerns about this approach given the time and resources needed to petition the court.

Additionally, the bill creates a Foster Children Support Fund and requires the Department of Social Services to pay a fine for each day a child is kept in the hospital beyond medical necessity into this fund. The fund is operated and administered by the Community Health Resources Commission collects. There are unanswered questions about the type of grant opportunities this would include and whether this funding would only be utilized for the benefit of foster youth.

When we craft policies that impact foster youth, it is imperative to remember our responsibility to ensure they have every opportunity to thrive and lead healthy, happy lives like their peers who are not in the care of the state. We must remember these experiences shape childhood memories and that most foster youth remember each placement—good or bad. On behalf of Maryland's hospitals, we extend our gratitude to Del. Reznik and the Appropriations Committee for bringing this issue into the public arena. **Our foster youth deserve nothing less than commitment from the state, hospitals, and other stakeholders to work together to address this issue and ensure they have access to the care and support they need.**

For more information, please contact:
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[3] Centers for Medicare & Medicaid Conditions of Participation. 42 CFR § 482.43

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PARTICIPATING HOSPITALS

- Adventist HealthCare Shady Grove Medical Center
- Adventist Healthcare White Oak Medical Center
- CalvertHealth Medical Center
- Carroll Hospital
- Children's National Hospital
- ChristianaCare, Union Hospital
- Frederick Health
- Garrett Regional Medical Center
- Grace Medical Center
- Greater Baltimore Medical Center
- Holy Cross Germantown Hospital
- Holy Cross Hospital
- Luminis Health Anne Arundel Medical Center
- Luminis Health Doctors Community Medical Center
- MedStar Franklin Square Medical Center
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Montgomery Medical Center
- MedStar Southern Maryland Hospital Center
- MedStar St Mary's Hospital
- MedStar Union Memorial
- Mercy Medical Center
- Mt. Washington Pediatric Hospital
- Northwest Hospital
- Sheppard Pratt Health System
- Sinai Hospital of Baltimore
- Suburban Hospital
- The Johns Hopkins Hospital
- TidalHealth Peninsula Regional Medical Center
- University of Maryland Capital Region Medical Center
- University of Maryland Laurel Medical Center
- University of Maryland Shore Medical Center at Chestertown
- University of Maryland Shore Medical Center at Easton
- University of Maryland Shore Medical Center at Dorchester
- University of Maryland Shore Medical Center at Queenstown
- University of Maryland Baltimore Washington Medical Center
- University of Maryland St Joseph Medical Center
- University of Maryland Medical Center
- University of Maryland Medical Center Midtown Campus
- UPMC Western Maryland
- University of Maryland Rehabilitation & Orthopedic Institute

WEEKLY AVERAGES

39 hospitals reporting

16 hospitals with at least one youth meeting "overstay criteria"

23 hospitals reporting no youth meeting "overstay criteria"

50 youth in hospitals meeting "overstay criteria"

25 youth in inpatient units

25 youth in the Emergency Department

26 Females, 23 Males

1 Non-Binary/Unknown Gender

HOSPITALS WITH OVERSTAYS

6 hospitals reported youth overstays every week

Baltimore City, Baltimore County and Montgomery County	Range of 1 to 18 youth per hospital	Averaging 40% of ED patients in overstays, 90% of patients in inpatient overstays

YOUTH HOSPITAL OVERSTAYS BY UNIT

Number of Reported Youth Overstays

70
60
50
40
30
20
10
0

0 1 2 3 4 5 6 7 8 9

Week #

Total youth in hospitals meeting "overstay" criteria
Total youth in ED
Total youth in Inpatient Unit

COMMON PATIENT PROFILES

Adolescents	Average age 14 years old
	Even split between males and females
	Waiting for DSS or waiting for inpatient psychiatric placement
Infants	Average age less than 1 year old
	Waiting for DSS or waiting for inpatient pediatric rehabilitation bed

PRIMARY REASONS FOR DISCHARGE DELAYS

Other

- Most frequently identified reason

Aggressive Behaviors

Diagnosed Development Disabilities and/or Autism with Psychiatric Features

Sexually-Reactive Behaviors

Age (Too young/too old for available youth placements)

*Additional reasons included in form: medically fragile, human trafficking victim, actual/suspected fire setting.

DEEPER DIVE INTO "OTHER"

STATE AGENCY PROCESS

- Waiting for Dept. of Social Services
  - Unable to place in a group home
  - No foster care placement identified
  - No available therapeutic foster care placement
  - Parents have abandoned patient or passed away
  - Guardian wants to relinquish rights
  - Waiting on interstate compact approval

AVAILABLE CAPACITY

- Waiting for inpatient psychiatric bed
  - No male beds available
- Waiting for a Residential Treatment Center (RTC) placement
  - Multiple denials from in state
  - Multiple denials from out of state
- Waiting for pediatric rehab bed