

**House Bill 1382
BUDGET RECONCILIATION AND FINANCING ACT**

**House Appropriations Committee
February 27, 2020**

Support with Amendment

House Bill 1382 was introduced to address the issue of foster youth remaining in hospitals after discharge. Catholic Charities of Baltimore supports HB 1382 with amendment. We are appreciative of the conversation this bill has sparked regarding the behavioral health system of care for children in Maryland.

Inspired by the gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. We are committed to a Maryland where each person has the opportunity to reach his or her God-given potential. We fulfill this commitment as a provider of behavioral health services to children through school based behavioral health services, out-patient mental health clinics, a diagnostic unit, a residential treatment center and a nonpublic special education school.

Children and youth should be in the least restrictive environment that fits their needs. We agree with the sponsor that children should not be left in hospitals after discharge. However, we believe the solution for this problem involves more parties than just local DSS and workers. This is a system wide issue that expands across the purview of many departments.

Over recent years there have been significant reductions to the number of children in foster care and in congregate placements. The youth who remain in care are the ones who are the most traumatized and have the highest needs. At this moment we have a desperate need for resources to serve these youth but no one is focused on creating a robust development plan for youth. In fact, instead of developing new resources, we are hemorrhaging existing ones.

The State of Maryland has lost critical programming that served a very high-need population. Residential treatment centers serve youth whose needs are just a step below inpatient psychiatric care. In recent years, two residential treatment centers providers closed their facilities resulting in a reduction of 130 licensed beds. Prior to their closing there were approximately 500 licensed beds, so this reduction represents approximately a 25% capacity lost. These programs are licensed through MDH.

Ten years ago a DHS licensed program, High-Intensity Respite, was discontinued. This program was operated at Sheppard Pratt Hospital, and looked like an inpatient unit, although it was under contract with DHS for exactly the purpose that we are discussing here, to serve as a program that could manage and program for children at that high end of the continuum who did not need to be in a hospital, but had no identified option at that time. This was not a perfect solution, but it did serve a significant purpose and I believe the problem we are facing has been exacerbated since the closing of this program. It would be possible to quickly bring this program back.

The restrictions on children being placed out of state without a plan to develop in state resources has also exacerbated the problem. It has been a usual practice over the years to place children out of state whose needs could not be met in Maryland. Under the current funding system for providers there is no allowance for individualize rates to support a child's unique needs. This lack of individualized rates has resulted in specialized services not being developed in Maryland. Every few years a crisis sparks conversations about development individualized rates but we have yet to see a new sustainable payment model.

I understand that some may not see MDH as a critical partner in this process, although in addition to their responsibility about maintaining an adequate number of RTC placements, Medicaid plays a critical role in

drawing down federal dollars to support treatment being provided in these programs, and a failure to involve them in the discussion will result in leaving significant federal dollars on the table.

With this legislation I believe that we must urgently create a robust resource development plan involving the legislature, DHS, MDH, local DSS, MARY providers, attorneys for the youth, and others. This process should also require the plan and progress be presented to this committee regularly. The youth and adults served by these programs deserve the very best our State can offer.

As part of HB 1382, Catholic Charities of Baltimore urges the committee to develop and mandate a structure for creating a robust resource development plan. Thank you for your consideration of our views.

Submitted By: Kevin Keegan, Director of Family Services