SB 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)

Committee: Senate Finance Committee
Date: February 23, 2022

POSITION: Support

I strongly support SB 637.

I would like to speak to the portion of SB 637 that addresses strengthening the Targeted Case Management (TCM) and 1915(i) programs for children and youth, which have been both underutilized and unevenly implemented across the state.

Maryland families deserve the most effective supports and services available when they are struggling to meet the needs of their family while caring for their child or adolescent with behavioral health needs. We were fortunate to have experienced some of our very best outcomes for families during 2009 – 2014 when Maryland provided a statewide, High-Fidelity Wraparound model of care through two providers that both implemented Wraparound similarly. High Fidelity Wraparound is a national, evidence-based process that focuses on the goals of the family to address complex emotional and behavioral needs of the youth.

- High Fidelity Wraparound puts the child or adolescent and **the entire** family at the center. A team of professionals and natural supports collaboratively work with the family to help the family drive the work of what they need.
- High-fidelity Wraparound includes some very important practices and philosophies that have been proven throughout the country to improve the well-being of families:
    - Family Voice
    - Collaboration
    - Strengths-based
    - Outcomes-based
- In the High-Fidelity Wraparound model, Family Peer Support, a service proven to promote family engagement, is a required offering to families.

Comparably, the Targeted Case Management (TCM) model that Maryland transitioned to is provided by multiple vendors, with Care Coordinators that have had varying levels of training. This results in as many flavors of service as there are providers, approximately 12, across the state.

In my experience having been a partner providing High-fidelity Wraparound and the existing Targeted Case Management model, the differences are:

- Child and Family Team meetings (CFT's) are held less frequently, problems are not caught as quickly, and plans of care are not as responsive to the current needs.
- Families report feeling like the services are more prescribed by the care coordinator and less about what they really need and want.
- Families are not learning skills needed to solve problems collaboratively and prevent crises.
- Identifying natural supports, the most effective resources a family can have, doesn't happen as a rule in TCM.
- Family Peer Support is available, but not always a component that is promoted.
- Families don't always realize they have a plan, they aren't always included as a rule in developing the plan, and often never see it, meaning they haven't learned any skills in problem solving.
- Outcomes are less robust.
- Whereas previously, families were able to access Wraparound regardless of their insurance status, now there are limited spots for families with private insurance, with usual waiting lists.
- Eligibility requirements are much more stringent.

SB 637 would do a number of things to improve and expand both the TCM and 1915(i) programs.

I request a favorable report on SB 637.

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