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**Senate Bill 637 Health and Health Insurance - Behavioral Health Services - Expansion  
(Behavioral Health System Modernization Act)**

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy agency, and is federally mandated to defend and advance the civil rights of individuals with disabilities. In particular, DRM supports the rights of individuals with disabilities to receive appropriate supports and services to live safe and meaningful lives in their communities.

SB 637 includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care in the community. It will increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics, improve health outcomes and treatment quality by increasing the use of measurement-based care in behavioral health and primary care settings, strengthen the behavioral health workforce by expanding resources for peer support networks and peer recovery specialists, improve care for children and youth by increasing the availability of home and community based wraparound services, and reduce reliance on law enforcement and emergency departments by ensuring stable reimbursement for crisis response services.

Disability Rights Maryland is particularly supportive of SB 637 because it would improve the quality of care for children in the community by increasing the availability and quality of home and community-based wraparound services. In DRM's experience, many youth with behavioral health care needs fail to receive needed supports until their issues have become very significant. We are seeing a significant increase in parents seeking Voluntary Placement Agreements or out-of-home care for their children, because they are unable to safely maintain their child at home. Preventive and wraparound services are urgently needed to reverse this worrisome trend. Wraparound services provide support to families with children with intense behavioral health needs in the community, in an effort to avoid hospitalizations and placement in Residential Treatment Centers. SB 637 calls for improvements to the 1915(i) waiver program, which offers a family-centered model that would include intensive care coordination, child and family team meetings, and plans of care that are individualized to each family and include formal supports such as individual and family therapy and informal supports such as intensive in-home services, respite care, mobile crisis response and stabilization and family peer support. Although the 1915(i) program has existed for many years, Maryland families have never fully realized its promise due to rigid eligibility criteria and low reimbursement rates. SB

637 would ensure that those delivering 1915(i) services receive training in the delivery of wraparound services and are reimbursed appropriately for these services. SB 637 also provides funding for 100 slots in the program for children who would not otherwise be eligible but for their being at risk of out-of-home placement, and provides that the Governor will increase the funding amounts in the operating budget for youth receiving services under the 1915(i) model or other mental health case management programs in the community.

SB 637 will also assist with keeping individuals experiencing a mental health crisis out of the hospital by requiring Medicaid and other health insurers to reimburse for behavioral health crisis response services, including crisis call center and hotline services, mobile crisis services and crisis receiving and stabilization services. Crisis response services provide supports necessary to stabilize an individual experiencing a behavioral health emergency and linkages to community resources that can help maintain that stability.

SB 637 represents a significant modernization of Maryland's Behavioral Health Systems, particularly in the area of crisis response services. This is a much-needed overhaul, and DRM particularly supports the use of peers in the delivery of crisis response services as an evidence-based model. However, the workforce for crisis services – in particular the peer work force – must be prepared to deliver these services to Marylanders with quality and equity. Currently, there is no uniform training for people engaged in crisis work, including for peers; and many of the national and internationally recognized credentials for peers have little to no curriculum on responding to people in crisis. It is essential that in preparing peers, and others, for crisis services in Maryland, that comprehensive training be provided to ensure that regardless of credentials, that a crisis worker has the necessary skills. The State has already expended significant time and resources on training for law enforcement in responding to crisis, and we should make a concomitant commitment to prepare our behavioral health workforce to respond and resolve crises without an overreliance on law enforcement. We support SB 637 but recognize an on-going need to adequately prepare a behavioral health work force – especially peers – to provide these expanded and enhanced services.

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. For these reasons, **Disability Rights Maryland urges this committee to pass SB 637**. For more information, please contact Karen Foxman, Esq., at (410) 727-6352 ext. 2477 or [KarenF@DisabilityRightsMD.org](mailto:KarenF@DisabilityRightsMD.org).