



Montgomery County Federation of Families for Children's Mental Health, Inc.
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FAVORABLE
House Ways and Means Committee
TESTIMONY IN SUPPORT

HB 766 Children – Residential Treatment Centers – Education Funding
Submitted by
Montgomery County Federation of Families for Children's Mental Health, Inc.

February 24, 2022

Delegate Vanessa E. Atterbear
Chair, Ways and Means Committee
131 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Chairwoman Atterbear and the Respected Members of the Ways and Means Committee:

The Montgomery County Federation of Families for Children's Mental Health, Inc. is pleased to support SB 656 Children – Residential Treatment Centers – Education Funding.

The Montgomery County Federation of Families for Children's Mental Health, Inc., is a charitable nonprofit family peer support organization that provides individualized and group family peer support, information and referral, education, advocacy, and leadership opportunities to Montgomery County parents and other primary caregivers who have children, youth, and/or young adults with behavioral health needs (mental health, substance use, or co-occurring challenges). We also help youth and young adults who have these challenges achieve positive outcomes. The staff and the Board of Directors of our organization are all parents who have raised youth with serious behavioral health challenges. Our organization has a strong and long history of working with diverse Montgomery County parents raising children and youth with serious behavioral health challenges, including those who needed RTC level of care for clinical reasons.

SB 656 Children – Residential Treatment Centers – Education Funding authorizes certain core service agencies, local behavioral health authorities, and local addictions authorities to approve certain funding for certain youths' educational costs incurred during admission to residential treatment centers under certain circumstance.

We are at a different place than where we were when VPA was first established. This development offers new opportunities when it comes one component of VPA, specifically eliminating the inequitable treatment of youth without nonpublic placements on their IEPs or not in special education when needing to be placed in an RTC for clinical reasons. Addressing this inequity now does not preclude conducting a comprehensive study of the entire VPA process and/or extending the start date for implementing the bill. VPA was established to help prevent families, particularly those with private insurance, from having to relinquish custody in order to get mental health services for their youth at the level of care needed. At the present time, there is parity legislation that is beneficial to families with private insurance who need to get specific behavioral health services at the higher level of care for their youth. In addition, there are many advocacy and legislative efforts being forged to strengthen parity for behavioral health services.

This bill will eliminate the inequitable way that youth without nonpublic placements on their IEPs or not in special education have been treated when needing to be placed in an RTC for clinical reasons. Youth without a nonpublic placement on their IEPs or not in special education who are clinically indicated for an RTC placement will be able to be go through the same Core Service Agency/Local Behavioral Health Authority process that youth with a nonpublic placement on their IEPs use. State general funds, which are already paying for the education of youth that are in a Voluntary Placement Agreement, can be run through MDH instead of DHS in order to pay for the educational costs. By doing this, parents of children or youth with behavioral health challenges who need RTC level of care for clinical reasons will not have to go through a VPA. They will not go through an arduous application process, have to pay child support, be subjected to a home study, or appear in the court. Their youth will not enter foster care. The administrative costs can shift to BHA for the purpose of managing the additional families. The two groups of youth mentioned above have the same need, that is, their youth with serious behavioral health challenges are indicated for RTC level of care for clinical reasons. There is no longer a justification for having two different paths to accessing this level of care.

In addition to inequitable treatment, we are very concerned that families who are approved for a VPA have to pay child support. Family expenses such as rent/mortgage, car payments, and utility bills do not decrease when a child is in an RTC. In addition, many families are still experiencing financial and food insecurities during an inflationary period when prices for food, gas, and many other items are increasing. Families already went through the pandemic-induced recession during which many lost their jobs and could not pay their rent. Some still owe their landlords back due rent. Many pandemic-related relief programs have ended.

Throughout the years, we have also seen families who did not get a VPA then go through a Child in Need of Assistance (CINA). This is antithesis of what VPA was established for, i.e., to prevent custody relinquishment.

We strongly urge you to support this bill.

We appreciate your ongoing commitment to help Maryland youth with behavioral health needs and their families.

Sincerely,



Celia Serkin
Executive Director