



February 21, 2023

**Health and Government Operations Committee  
TESTIMONY IN SUPPORT**

*HB 322- Public Health- Home and Community-Based Services for Children and Youth*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore supports HB 322- Public Health- Home and Community-Based Services for Children and Youth.** This bill will restore Maryland’s high-fidelity wraparound program ensuring children with complex needs can be treated in their homes and in the community through effective programming. It will also expand eligibility to ensure all children who are Medicaid- eligible will be able to receive services under these programs.

Across the United States, one in six children are diagnosed with a mental, behavioral, or developmental disorder.<sup>1</sup> Many of these children lack access to services and resources they need. Approximately 45% of Maryland youth aged 12-17 who reported symptoms of depression over the last year did not receive any mental health care.<sup>2</sup>

BHSB supports HB 322 because high-fidelity wraparound is the gold standard for treating youth with behavioral health needs. It offers care coordination and a variety of formal and informal supports that keep youth with intensive behavioral health needs in their homes and out of the hospital. Maryland established two programs to provide high-fidelity wraparound – Targeted Case Management and the 1915(1) program – but they have been underutilized and unsuccessful. Reimbursement is low, which discourages provider participation, training in the model is insufficient, and eligibility criteria is unnecessarily strict.

Despite efforts to create strong programs decades ago, adjustments to the programs in recent years have left the program fledgling. The stringent eligibility criteria result in children being accepted into the programs after the point where they would be effective. HB 322 offers solutions that will help fix the current program and make it more accessible to families. As such, **BHSB urges the House Health and Government Operations Committee to support HB 322.**

**For more information, please contact BHSB Director, Policy and Stakeholder Engagement Stacey Jefferson at 443-813-9231 or [stacey.jefferson@bhsbaltimore.org](mailto:stacey.jefferson@bhsbaltimore.org)**

<sup>1</sup> Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

<sup>2</sup> The State of Mental Health in America 2022, Mental Health America, <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>