



TO: The Honorable Joseline A. Pena-Melnyk, Chair  
Members, House Health and Government Operations Committee  
The Honorable Heather Bagnall

FROM: Christine K. Krone  
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RE: **SUPPORT** – House Bill 322 – *Public Health – Home- and Community-Based Services for Children and Youth*

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The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for House Bill 322.

House Bill 322 would require the Maryland Department of Health to expand access to and provide reimbursement for certain behavioral health collaborative care, case management, and wraparound services. The Bill would also require the Behavioral Health Administration to fund 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not eligible for program services.

MDAAP supports expanded access to high fidelity wraparound services for children and youth with high intensity behavioral health needs. High fidelity wraparound services use an individualized, team-based, collaborative process to provide a coordinated set of services and supports targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families. Throughout the process, youth and their families work with a care coordinator who facilitates and coordinates efforts of the wraparound team. The care coordinator further helps the family navigate planned services and supports, including informal and community-based options; and tracks progress and satisfaction to revise the plan of care as needed. Pairing home- and community-based services, (i.e., high fidelity wraparound services) helps identify and treat mental illness sooner, de-escalating the problem before it reaches the crisis stage. This approach brings us closer to ending the cycle in which kids end up in an emergency department (ED) bed, return to the community, destabilize, and then return to the ED again. MDAAP urges a favorable report.