



## HB322

Public Health- Home and Community-Based Services for Children & Youth  
House Health & Government Operations Committee  
February 21, 2023

### **POSITION: FAVORABLE**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community -based providers serving the mental health and addiction needs of adults and children in Maryland. Our 108 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

CBH strongly supports HB322.

Historical context is helpful in understanding how Maryland got here. “Here” being a 46% increase in youth being treated in emergency rooms for suicide attempts and self-harm. “Here” being youth stuck in hospitals for weeks and months without an appropriate placement or treatment for safe discharge. “Here” being hotel rooms used to house children in state custody. These are symptoms of a larger problem caused, in large part, because home and community-based services for children with intensive needs in Maryland have atrophied over the past 8 years and help is arriving too late.

### **Access Barriers**

Children with intensive mental health needs require specialized care coordination. High-fidelity Wraparound is the evidence-based practice for this level of care. Studies demonstrate that outcomes for youth receiving wraparound services are better than those for youth receiving a standard array of services. Maryland operated a High-fidelity Wraparound program with impressive outcomes including reductions in inpatient hospitalization and residential treatment. But in 2016, the Hogan administration dissolved both the specialized care management entity and the Wraparound program it administered. Its successor program, the 1915(i) diversion program, has been plagued by challenges since its inception. Strict eligibility criteria as well as low reimbursement rates, has meant that this program served between 11 and 34 children annually between FY19 and FY21. This is a small fraction of the 300 high-needs children served by previous entity.

### **Low Reimbursement Rates**

One CBH member who previously delivered the intensive in-home service had to close their program because the cost to deliver the service far exceeded what they were reimbursed. Another provider delivers the same service funded by the 1915(i) program under a Department of Human Services contract, at a reimbursement rate 33% higher than the Medicaid rate. *This means that the provider can offer the service to only children in state custody, not those at risk of removal from the home.*

### **Missing Services**

Under the 1915i, children are eligible to receive expressive and experiential therapies including equestrian and art therapy, but there has not been a single provider approved by MDH to deliver these services for several years and they have remained inaccessible to children approved for 1915i services. Originally, the service array under the 1915(i) also included mobile crisis services, but these services were and are still not regionally accessible. The 2018 SPA re-write removed mobile crisis response from the service array.

### **Help Arrives Too Late**

Providers report that some of the children referred to the 1915(i) are already on a waitlist for a residential treatment placement, meaning that the 1915(i) service is being offered to families when they may already be beyond the ability for it to help. A diversion program must be accessible to children and families before residential and inpatient levels of care are needed. An effective statewide approach to care coordination delivered under the best practice Wraparound model would better ensure that children access the right level of care at the right time.

This bill makes a significant first step in rebalancing behavioral healthcare for children in Maryland and ensuring that children with intensive needs can be adequately treated in their homes and communities when it is safe to do so, as is their right. **We urge a favorable report on HB322.**

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