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**House Bill 322 Public Health - Home- and Community-Based Services for Children and Youth**
**House Health and Government Operations Committee**
**February 21, 2023**
**TESTIMONY IN SUPPORT**

My name is Celia Serkin. I am Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc., a family support organization providing family peer services, family navigation, group support, education, advocacy, and recovery coaching to help parents and other primary caregivers who have children, youth, and/or young adults with behavioral health challenges (mental health, substance use or co-occurring disorders). Families in our county have been extremely fortunate that for over a decade and a half, Montgomery County has funded a Wraparound Program focused on fidelity to the practice model of care coordination. For over 15 years, we have provided family peer support to parents and other primary caregivers in Montgomery County who received or are currently receiving High-Fidelity Wraparound. Our Certified Family Peer Specialists, who are parents with lived experience raising children with behavioral health challenges, work with Care Coordinators from JSSA (Jewish Social Services Agency), the organization that manages our County's Wraparound Program. **Families in Montgomery County have experienced positive outcomes because they have received High-Fidelity Wraparound.**

**The Montgomery County Federation of Families for Children's Mental Health, Inc., is pleased to support HB 322 Public Health - Home- and Community-Based Services for Children and Youth**, requiring the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in–home, and case management services; requiring the Governor to include in the annual budget bill certain appropriations to fund certain behavioral health services and supports; and generally relating to home– and community–based services for children and youth.

**We support HB 322 because it will allow many families with children or youth having intensive and complex behavioral health challenges, including those at risk of at-of-home placement, to access High-Fidelity Wraparound, the gold standard evidence-based practice for this level of care.** Prior to 2016, Maryland had a High-fidelity Wraparound Program that was readily available to children and youth with intensive and complex behavioral health challenges and their families across Maryland. The program served 300 – 400 children/youth per year and had impressive outcomes, including reductions in inpatient hospitalization and residential treatment. **These positive outcomes were the direct result of the delivery of High-Fidelity Wraparound, which was well monitored and evaluated**. Both MCF and our family support organization provided family peer support to families enrolled in the state-funded High Fidelity Wraparound Program. The Institute for Innovations and Implementation, which at that time was at the University of Maryland, trained Care Coordinators from the Care Management Entities (CMEs) that managed the High-Fidelity Wraparound Program and Family Support Partners from MCF and our family support organization. It also conducted research and evaluation. Fidelity to practice was closely monitored.

In 2016, the administration dissolved the High-Fidelity Wraparound Program, which had been achieving excellent outcomes, and implemented care coordination programs through the Targeted Case Management and 1915(i) programs, which are significantly inferior to what had been provided. **This change ushered in the disintegration of**

**a finely tuned system of care and has fueled the adolescent hospital overstay crisis and soaring demand for residential treatment placements over the past few years.** With high eligibility requirement, only 10-40 youth annually have been enrolled in the program intended to replace the previous High-Fidelity Wraparound Program.

**Research evinces that to get the desired outcomes, Wraparound must meet fidelity.** In his article *Wraparound is Worth Doing Well: An Evidence-Based Statemen*t. Eric Bruns, Co-Director, National Wraparound Initiative, and Associate Professor, University of Washington School of Medicine, writes,

> So, what does it mean to "do wraparound well"? Obviously, the research summarized… suggests that implementation with fidelity to the prescribed practice model is critical. As has been described in multiple research articles and program descriptions (e.g., Walker & Bruns, 2006; Walker & Matarese, 2011), these practice-level elements must be in place for wraparound to live up to its theory of change and represent the well-coordinated, youth- and family-driven, multisystemic strategy that it is intended to be.
> (Bruns, E. (2015). Wraparound is worth doing well: An evidence-based statement. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, p. 3.)

**The return on investment (ROI) in using High Fidelity Wraparound is excellent. When Wraparound is implemented with fidelity, there are improved quality of services, positive child and family outcomes, and reduced costs.** Reasons for cost savings can be attributed to:

- reduction in use of inpatient psychiatric hospitalization, emergency rooms, residential treatment, and other group care, even when expenditures increase for home- and community-based care and care coordination
- decreased involvement in the juvenile justice
- decreased involvement in child welfare
- fewer school failures
- improved family stability

For example, the nonprofit organization Choices blended the system of care approach with the wraparound process and managed care technologies. Choices served youth in Indianapolis; Maryland; Washington, DC; Florida; and Louisiana. Maryland Choices was one of the Care Management Entities that managed the state-funded High Fidelity Wraparound Program. Data on youth served in Choices programs from 2011 to 2013 showed:

- **High levels of diversion of children and youth from higher levels of care. For youth enrolled in Choices across all the states served, the majority either moved to or were maintained in less restrictive settings (78% at 6 months, 81% at 9 months, and 89% at 12 months). In 2013, nearly 98% of youth were diverted or returned from residential treatment facilities, a diversion rate of 99% and a return rate of 70%.)**

- **A substantial savings of nearly $36,000 per youth served in Choices versus residential settings per episode of care**.

(Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). Return on investment in systems of care for children with behavioral health challenges. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health, pp. 37-38.)

Maryland's youth and families need and deserve the gold standard evidence-based practice of care coordination that can sufficiently meet their needs. **The Montgomery County Federation of Families for Children's Mental Health, Inc. urge this committee to restore and expand High-Fidelity Wraparound by passing HB 322.**