



**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**

I am Joseph Wilson, LCSW-C , Senior Director of Mental Health Services, JSSA (Jewish Social Service Agency). I am testifying in support of HB 322. I've spent the last 25 years of my career working to advance the principles and practices of high-fidelity wraparound at the local, state, and federal levels.

JSSA is a nonprofit nonsectarian 501(c)(3) health and social wellness organization serving the National Capital Region. Founded in 1894 to help Jewish immigrants, our mission today is to empower individuals and families to enhance well-being across all ages and stages of life. JSSA helps individuals surmount life's many challenges, including mental health concerns, obstacles to employment, and aging-related issues.

JSSA's leadership team and direct service staff have extensive experience in Systems of Care work at the local, state and national levels, and as an organization we have incorporated the principles and values of high-fidelity wraparound into daily practice. In addition, our staff has successfully monitored, evaluated, and delivered the wraparound model locally and in other communities and understand the nuances of implementing this model of care.

For the last three years, JSSA has served as a partner to the local management board in Montgomery County facilitating the wraparound process for youth and families referred by the Local Care Team. JSSA developed two programs, *Bridges to the Future* and *Wraparound Montgomery*, both of which served individuals and families utilizing an SOC-informed, strengths-based, team-based wraparound approach. For the duration of program operations (15 months), *Bridges to the Future* served a total of 52 young adults, providing system navigation, individualized supports, and a facilitated wraparound process. Since FY19, *Wraparound Montgomery* has served over 150 children and adolescents and their families assisting them in maintaining themselves in their communities.

HB 322 requires 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.

Fully funding the implementation of high-fidelity wraparound practice is critical in meeting the increasing high intensity needs of children youth and families for many reasons, not the least of which is that doing so creates a human service delivery system that serves individuals

HUMANELY. Research shows that one reason individuals 'cycle' through service delivery systems is because the 'system' doesn't understand them, doesn't develop a genuine interest in their challenges, or acknowledge that those in need of assistance are anything other than recipients of pre-determined services (regardless of whether or not those services actually HELP the individual!). This kind of service utilization leads to less effective outcomes for individuals, agencies, and the community AND costs more money. Utilizing a high-fidelity wraparound approach to address the needs of children and families allows for a much more effective and efficient approach to providing better outcomes for everyone by:

- Engaging with children, youth and families as PARTNERS in their care.
- Promoting shared accountability for outcomes
- Maintaining children and families in their community and reducing healthcare and social service delivery costs
- Promoting health equity (every child and family participate in the SAME process to identify and prioritize needs)
- Reducing the frequency and duration of emergency room visits by creating and maintaining alternative care pathways to address crisis events.
- Providing better outcomes as the result of team-based, strengths-based process

Attached to my testimony is a report issued by the Northwest Regional Care Management Entity for the state of Maryland. At the time, I was the director of at Maryland Choices, the vendor that was providing access to high fidelity wraparound to children, youth and families with intensive needs. The report outlines the work (and the outcomes) for the reporting period which demonstrates the effectiveness of a high fidelity wraparound approach.

HB 322 will help families who have children and/or youth with behavioral health challenges by:

- Ensuring that care coordinators delivering services under the 1915(i) model or a mental health case management program receive training in the delivery of services using a high-fidelity wraparound model.
- Restoring Maryland's High-fidelity Wraparound Program
- Ensuring children with complex needs can be treated in their homes and in the community through effective programming.
- Expanding eligibility to ensure all children who are Medicaid-eligible will be able to receive services under these programs.

This bill will provide:

- Children with significant mental health needs with specialized care coordination. High-Fidelity Wraparound is the gold standard evidence-based practice for this level of care.
- Children, families and communities with better outcomes including reductions in inpatient hospitalizations and admissions to residential treatment.
- Stakeholder agencies and professionals with training, support, and supervision in a model of care coordination that is evidence-informed and promotes shared accountability for better outcomes. Supervision and training of Care Coordinators has declined.
- A better solution to the current approach, (the 1915 (i) program) which has failed to adhere to the high-fidelity wraparound model, limited the number of youth due to inappropriately set eligibility criteria, and as a result fueled the adolescent hospital overstay crisis and

created soaring demand for residential treatment placements.

For these reasons, JSSA urges this committee to pass HB 322.