

House Bill 322 Public Health- Home and Community-Based Services for Children & Youth

House Health & Government Operations Committee
February 21, 2023
POSITION: SUPPORT

Volunteers of America Chesapeake and Carolinas (VOACC) is a faith-based, 501(c)(3) nonprofit organization. Founded in 1896 in Baltimore, MD, VOACC was one of the first branches of Volunteers of America - one of the nation's largest and most comprehensive human service organizations in the nation. Our mission is to inspire self-reliance, dignity, and hope through health and human services. VOACC is a CARF-accredited facility that specializes in providing mental health services, including diagnosis and treatment, for adults, children, adolescents, and young adults. We serve as a Care Coordination Organization, delivering targeted case management services to children and families in Baltimore City and Montgomery Counties.

The current national youth mental health crisis comes at a time when Maryland's public behavioral health infrastructure, especially the continuum of care for children, is already in a perilous situation. Maryland has grappled for several years with bottlenecks to higher and lower levels of care for children and youth caused, in part, by the inadequacy and inaccessibility of intensive home and community-based services.

HB322 makes a significant first step in rebalancing behavioral healthcare for children in Maryland. It redirects focus and resources to community programs designed to keep children out of the hospital and residential placements, and supports them and their families together through evidence-based models to manage their behavioral health challenges.

Many families arrive at Volunteers of America when they are desperate for immediate assistance. It's not uncommon during intake discussions for parents to tell us "I wish we had known about this sooner – no one told us we could get this kind of help though Medicaid" or "Where were you guys six months ago?". In order to be effective, we need to be readily available to vulnerable families. Often, insurance status and overly strict eligibility criteria—both financial medical—preclude families from accessing services. This is certainly the case with Targeted Case Management and 1915i services. Children and families with private insurance are often referred to us but are ineligible for intensive care coordination services. Others are referred to us when family supports are at a breaking point. Many times, parents reach out to doctors or professionals at Head Start or school regarding their concerns about their child's behavior. A quick review of services available when this concern is first voiced (either in the doctor's office or school) would normalize the need for assistance in child and youth behavioral health and enable earlier access to care.

HB322 addresses some of the issues that families encounter when trying to find services including case management for their children. If it takes a catastrophe to be able to provide services we are missing the point of providing services to begin with. Increased and streamlined access to behavioral health services gives families the knowledge and power to be able to avert crisis and build a better life without spending time separated, either in residential treatment facilities or pediatric mental health facilities.

I encourage you to support HB322. Please let me know if you would like to discuss our support further.

Respectfully,

Sheryl Neverson, Ph.D., LCSW-C, LICSW Senior Vice President of Clinical Strategy Volunteers of America Chesapeake & Carolinas