DRM_SB988_Support.pdf
Uploaded by: Courtney Bergan
Position: FAV

Disability Rights Maryland

Empowerment. Integration. Equality.

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SENATE FINANCE COMMITTEE

Senate Bill 988: Maryland Medical Assistance Program – Self-Directed Mental Health Services Pilot Program

March 8, 2024

Position: Support

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, DRM advocates for access to person-centered, culturally responsive, trauma-informed care in the most integrated setting available. DRM appreciates the opportunity to provide testimony in support of SB 988, which would create a self-directed mental health care pilot program and facilitate access to services for individuals with disabilities whose needs are not met in existing mental health program models. DRM supports SB 988 because research demonstrates that self-directed care is effective at promoting community integration and reducing unnecessary institutionalization. Most importantly, self-directed care is generally preferred by people with disabilities.

Maryland's existing mental health system has a mismatch in resources, which results in appropriate community support being unavailable to those that most need it. Many people with mental health disabilities have complex needs requiring specialized clinical care that is too often unavailable in the public behavioral health system. Yet, the intensive, ongoing case management, and non-clinical supports many individuals need to successfully engage in clinical mental health services are typically limited to service packages that require individuals to receive all their care from one provider, even if that provider is unable to adequately meet the individual's clinical mental health or social support needs. This forces many individuals with the highest support needs to choose between surviving with inadequate support; enrolling in more intensive, but less clinically appropriate programs; or receiving no care at all.

For example, one of DRM's elderly, multiply-disabled clients needs services that can be delivered to her in her home, assistance with paying for her medications, and assistance with transportation, along with psychotherapy for a complex trauma disorder. In order for her to get her psychiatry and social support needs met, she has to enroll in mobile treatment services, but this program does not offer the specialized therapy she needs to treat her complex trauma disorder. Consequently, she is forced to choose between essential needs, which has left her without appropriate clinical support, while also forced to satisfy other program requirements that are not relevant to her needs, leading to constant frustration and inadequate care that impedes her recovery. DRM also represents a client who needs assistance with activities of daily living along with clinical care that can support her in managing symptoms of multiple co-occurring mental health diagnoses. Because she cannot get her daily living needs met in any existing program, she has been unable to engage in services, causing her to get terminated

from every program in her county. Thus, she is left without any mental health services, causing her to rely on 911 for basic needs. The services currently available in the public behavioral health system create an impossible situation for many people with complex mental health needs who are inevitably left without access to appropriate services and support when they have to balance competing essential needs in order to fit themselves into existing programs with rigid requirements. This causes far too many individuals with complex support needs to unnecessarily cycle in and out of hospitals or be terminated from community programs.

Self-directed mental health care addresses this problem by granting program participants flexibility to design a recovery plan that works with their needs, rather than trying to make individuals adapt to our existing system. Participants enrolled in self-directed mental health care work with a support planner to develop an "individualized recovery plan" and then utilize an allocation of state funds known as an "individual budget" to achieve their recovery goals. By planning and funding services based on impacted individuals' needs, participants can access a diverse array of supports, including private therapists that may better meet unique cultural or clinical needs, housing support, educational opportunities, and technology to enhance communication access.[1] This individualized approach supports service users in identifying the services and supports that are best suited to their unique mental health, somatic, and social needs[2] and better matches individuals who have the greatest needs with the highest quality, most clinically appropriate support. Notably, self-directed care does' not necessarily create new services, but rather, changes how we deliver and coordinate services; studies generally find the self-directed care model is budget neutral.[3] However, the flexibility, creativity, and individualized care planning offered in self-directed care programs has allowed many individuals who were previously institutionalized to thrive in their communities.

Self-directed mental health care has already been successfully implemented in 6 states: New York, Michigan, Pennsylvania, Florida, Texas, and Utah.[4] Two decades of experience consistently demonstrates positive results when self-directed mental health care is compared to traditional mental health care models. In fact, recent research illustrates the efficacy of self-directed mental health care finding that self-directed care participants experienced reduced hospitalizations, enhanced employment and educational outcomes, greater housing stability, and reductions in the impact of psychiatric symptoms relative to individuals using traditional mental health services.[5] Self-directed mental health care is not just more effective, but is

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[1] NAT'L RESOURCE CTR. FOR PARTICIPANT-DIRECTED SERVS., SELF-DIRECTION IN MENTAL HEALTH 9-10 (2019).

[2] *Id*. at 2–4 (2019); CTR. ON INTEGRATED HEALTHCARE & SELF-DIRECTED RECOVERY, UNIV. ILL. CHICAGO, SELF-DIRECTED CARE IMPLEMENTATION GUIDE (2017).

[3] Judith A. Cook, Ph.D. et al, *Mental Health Self-Directed Care Financing: Efficacy in Improving Outcomes and Controlling Costs for Adults with Serious Mental Illness*, 74 PSYCHIATRIC SERVS. 191-201 (Mar. 2019).

[4] NAT'L RESOURCE CTR. FOR PARTICIPANT-DIRECTED SERVS., SELF-DIRECTION IN MENTAL HEALTH 3 (2019).

[5] Judith A. Cook, Ph.D. et al, *Randomized Controlled Trial of Self-Directed Care for Medically Uninsured Adults With Serious Mental Illness*, 74 PSYCHIATRIC SERVS. 1027, 1032–34 (Oct. 2023); Judith A. Cook, Ph.D. et al, *Mental Health Self-Directed Care Financing: Efficacy in Improving Outcomes and Controlling Costs for Adults with Serious Mental Illness*, 74 PSYCHIATRIC SERVS. 199, 191-201 (Mar. 2019); Bevin Croft, et al., Housing and Employment Outcomes for Mental Health Self-Directions Participants 69 PSYCHIATRIC SERVS (May 2018); CTR. ON INTEGRATED HEALTHCARE & SELF-DIRECTED RECOVERY, UNIV. ILL. CHICAGO, SELF-DIRECTED CARE IMPLEMENTATION GUIDE 12 (2017).

preferred by program participants who reported greater perceived autonomy, increased competence in managing their care and improved satisfaction with services, which leads to greater opportunities for wellness.[6] When people with mental health disabilities are given the option to choose services and goods that honor and support their stated needs, they are more likely to voluntarily engage and remain engaged in those services over the long term.

Importantly, Maryland already offers the self-directed care model to individuals with other types of "severe chronic disability[ies]." However, the existing self-directed services statute explicitly excludes people with a "sole diagnosis of mental illness."[7] This exclusion is based on inequities in the funding of behavioral health services and stereotypes that people with mental health disabilities are incapable of knowing their own needs; ideas that have contributed to long-term under-investment in high-quality, innovative, person-centered community mental health services for those who most need them. However, in 2024, we know such ideas are both discriminatory and inaccurate, so we must take steps to address this disparate treatment of mental health disabilities by ensuring self-directed care is available to all who could benefit. SB 988 takes an essential step to get us closer to that goal by creating a self-directed mental health care pilot program that tailors services to the needs of individuals with mental health disabilities.

DRM requests a favorable report on SB 988 because self-directed mental health care is crucial to creating an innovative, equitable, and integrated behavioral health system that meets the needs of all Marylanders with mental health disabilities.

Please contact Courtney Bergan, Disability Rights Maryland's Equal Justice Works Fellow for more information at CourtneyB@DisabilityRightsMd.org or 443-692-2477.

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[6] Judith A. Cook, Ph.D. et al, *Randomized Controlled Trial of Self-Directed Care for Medically Uninsured Adults With Serious Mental Illness*, 74 PSYCHIATRIC SERVS. 1027, 1032–34 (Oct. 2023) (finding that participants in self-directed services reported greater perceived autonomy and competence in managing their care, enhanced employment outcomes, and a reduction in the impact of psychiatric symptoms relative to individuals using traditional mental health services).

[7] Md. Code Ann., Health-Gen § 7-403 (C).

SB0988_MHAMD_FAV.pdf
Uploaded by: Dan Martin
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SB 988 Maryland Medical Assistance Program -
Self-Directed Mental Health Services - Pilot Program
Finance Committee
March 8, 2024
Position: SUPPORT

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 988.

SB 988 establishes a self-directed mental health services (SDMHS) pilot program that will provide a range of person-centered and self-directed services and supports to 100 adult Medicaid recipients whose needs have not been met by the public behavioral health system. The bill specifies that when selecting program participants, priority will be given to individuals who have multiple disabilities, including severe mental illness and trauma-related disorders, who have been excluded from or unsuccessful in assertive community treatment programs and are at a risk for institutionalization.

The SDMHS model is gaining recognition as a strategy that can help people with mental illness avoid the cycle of hospitalization and achieve better outcomes. It is an approach to organizing publicly funded services and supports for people with serious mental health conditions that goes beyond typical medical interventions and instead focuses on recovery, helping foster resilience, stability, and autonomy. It involves people controlling an individualized budget, choosing from a much broader-than-usual range of goods, services, and supports to overcome challenges and reach personal and professional goals. The model has already been successfully implemented in several states across the country, including Florida, Michigan, New York, Pennsylvania, Texas, and Utah.

The self-directed care model is not new to Maryland. In fact, it is available already to individuals living with developmental disabilities *(see Md. Code Annotated, Health-General Article §7-408, et seq)*. Unfortunately, Maryland statute **explicitly excludes** individuals with mental illness from availing themselves of these services *(see Md. Code Annotated, Health-General Article §7-403)*.

Self-directed care is an integrated care model that promotes self-determination and consumer choice. It has been demonstrated to improve behavioral health, somatic health, vocational and housing outcomes, and reduce institutionalization. This proven model should be available to Marylanders living with mental illness just as it is to Marylanders living with developmental disabilities. For these reasons, MHAMD supports SB 988 and urges a favorable report.

For more information, please contact Dan Martin at (410) 978-8865

SB0988_FAV_MedChi_Medicaid - Self-Directed MH Serv

Uploaded by: Drew Vetter

Position: FAV

MedChi

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TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

FROM: Andrew G. Vetter
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: March 8, 2024

RE: **SUPPORT** – Senate Bill 988 – *Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** *Senate Bill 988: Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program*.

Senate Bill 988 establishes the Self-Directed Mental Health Services Pilot Program in the Department of Health (MDH) to facilitate access to clinically appropriate, person-centered, culturally responsive, and trauma-informed self-directed services in the most integrated setting appropriate within the Medicaid program. Mental Health Self-Direction is a growing method to treat individuals with serious mental health conditions. These approaches go beyond typical medical interventions and focus on recovery, helping to build resilience, stability, and autonomy. The services provided for under this legislation include items, such as transportation, vocational training and supports, technology, goods and services needed to assist with meal preparation, homemaker services, rental assistance, and other goods and services.

The program established under this legislation would be limited to a 100-person pilot program that will be evaluated by MDH based on data collected by cost and outcomes. MedChi feels there are many patients with mental health conditions that could substantially benefit from this type of self-directed treatment. Therefore, we strongly support implementing this approach on a pilot basis in order to evaluate whether it should be expanded at a broader scale.

For more information call:
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Uploaded by: Kimberly Brenninkmeyer
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Kimberly A. Brenninkmeyer, Ph.D.

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March 8, 2024

Re: SUPPORT -SB 0988- Maryland Medical Assistance Program -Self-directed Mental Health Services-Pilot Program

Dear Madame Chair and Members of the Senate Finance Committee:

I am submitting this testimony in strong support of SB 0988, which would establish a self-directed mental health care pilot program for Maryland Medical Assistance beneficiaries and facilitate access to appropriate care in the most integrated setting available. I am a licensed psychologist providing individual psychotherapy in Baltimore City. I have over 20 years of experience working with individuals who have some of the most complex mental health needs and who could greatly benefit from a program like this one.

Many of my clients have spent years in the mental health system and have experienced significant harm due to the lack of choice and deprivation of access to the social and material resources they needed to achieve recovery. In fact, many of my clients have experienced unnecessary institutionalization, trauma, and harm due to program requirements that coerced compliance with standardized treatment models while failing to consider their unique clinical, social, and cultural needs. The mental health system's inability to adapt to their needs often caused more harm than good, as many were kicked out of programs or labeled as "hopeless" because the system failed to meet their needs. As a result, many were left feeling demoralized, humiliated, and reluctant to engage in continued mental health treatment. Most, at some point, were told that they were to blame for 'not getting better' and were called treatment failures when, in reality, it was the mental health system that failed them.

Due to this ongoing lack of appropriate clinical, social, and material support in our communities, many people with complex mental health needs routinely experience unnecessary emergency room visits and hospitalization. As a result, too many of my clients have been robbed of years of their lives, deprived of opportunities to maintain meaningful employment, and are excluded from meaningful engagement in their communities. This could easily change if they were offered access to a self-directed mental health care program that holistically addressed their needs, while prioritizing their voice in the support planning process.

As mental health providers, we are ethically obligated to treat everyone with respect and dignity, and for individuals seeking treatment to be included in all aspects of the treatment planning process. In addition, we must ensure individuals can access appropriate care from specialized clinical mental health providers, along with non-clinical goods and services that can holistically support them in meeting their recovery goals. Self-directed mental health care, like the program described in SB 0988, would allow private practice providers like me to better serve people with complex social needs, that I simply can't address as a solo provider. I would like to be able to serve more people with complex needs, but without a program such as self-directed mental health care, my clients don't have access to the interdisciplinary and non-clinical support that

would allow me to support them as much as they may need, forcing them to choose between appropriate clinical care or more intensive, but clinically inappropriate services in the public behavioral health system.

In order to receive any benefit from mental health treatment, it is vital that individuals are being listened to, treated with compassion and care, and provided the social and material support necessary to engage in treatment. Only, in meeting individuals where they are and providing holistic support, can trust and safety be established. This is especially true for individuals with more complex mental health and physical needs as they are often the very individuals who aren't getting their needs met and who don't qualify for the one-size fits all programs that currently exist in the public behavioral health system because of their high need for individualized support. These disparities disproportionately impact the same individuals who are already most marginalized and vulnerable: Black and Brown people, transgender and gender non-conforming people, and disabled people, and those who are already targeted in other systems for mistreatment, abuse and misunderstanding. These individuals deserve access to choice-based mental health supports, and to be included in decisions about what care they need and receive, and with whom they receive it, and provided the resources they need to thrive in our communities. If we put financial and systemic resources into mental health programming that values self-determination, informed consent, cultural competence, trauma-informed care, and meeting social needs, we are much more likely to sustainably engage people in mental health treatment. And that is the approach our ethical obligations require.

A self-directed program such as this one could be life changing for the very individuals who most need and deserve this integrated, interdisciplinary support; those who have been neglected and mistreated in the current public mental health sector. Not only do these individuals tend to have the least access to care, but they also experience the most barriers trying to navigate antiquated and difficult systems without support while in their most vulnerable of states. Having access to a support broker who can help them identify and access the resources they need, with ongoing support in obtaining these resources, and having a say in what needs are most important to them would be incredibly life changing and help individuals begin to have the quality of life they deserve.

Offering self-directed mental health support to my clients would also allow me to serve more clients with complex needs, as I could devote more of my time doing what I do best, providing clinical psychotherapy, and my clients could have additional support from someone with expertise in navigating the mental health system along with the resources to access the goods and services needed to holistically support their recovery. Self-directed mental health care would be a win-win-win solution that would benefit patients, providers, and enhance the capacity of our public behavioral health system.

I strongly urge you to issue a favorable report on SB 0988, so that people with mental health disabilities can choose and access the resources they need to thrive in our communities.

If you have any questions, please don't hesitate to contact me at (443) 377-6440 or KimberlyBrenninkmeyerPhD@gmail.com.

Sincerely,

Kimberly Brenninkmeyer, PhD

SB 988 MOPD Written Testimony.pdf
Uploaded by: Lindsey Balogh
Position: FAV

MARYLAND OFFICE OF THE PUBLIC DEFENDER

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ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB 988 – Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 03/08/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 988. This bill would move Maryland forward in our progress toward more effective and appropriate responses to individuals with serious mental illness. Further, the Mental Health Division of MOPD is uniquely positioned to address the concerns of the target population in this bill as nearly all our clients are, by definition, candidates for self-directed mental health services under SB 988.

I. SB 988 offers individualized, evidence-based mental health services to Marylanders living with severe mental illness.

Each year, thousands of Marylanders are petitioned for an emergency psychiatric evaluation and forcibly admitted to a hospital, where they become clients of MOPD. Many of these individuals are stuck in a cycle—they are forced into treatment only to leave the hospital after several days and resume their lives until they reach a point where they become a candidate for forced rehospitalization. This cycle of coercive, inflexible treatment is not working; once individuals are no longer forced to comply, they opt out of the treatment. Our clients repeatedly refused forced medication and forced treatment for a variety of reasons, including prior traumatic experiences with force treatment, medication side effects, lack of education on medication options, and lack of wrap-around services. Due to the current delivery of public mental health services, the long-term specific needs of our clients are not being met.

The reason why our clients resist forced treatment is clear. Treatment offered by the mental health system in Maryland is not individualized, it is heavily focused on medication, and it does not

allow for true autonomy in directing the course of one's treatment. In contrast, SB 988 offers mental health treatment that is tailored to each individual and directed by the individual's personal goals for independent living in their community. This approach utilizes services that are not available—neither current nor proposed—in our mental health system in Maryland. Such services include access to private therapists that may better meet an individual's cultural, linguistic, or clinical needs, broader educational and vocational opportunities, increased access to housing options, and a variety of social supports designed to assist individuals in their activities of daily living.

Research over the past twenty years demonstrates promising outcomes for self-directed mental health care.[1] Our goal at MOPD in representing clients who are forced into treatment via the legal system is to advocate for their stated interests. In our experience, listening and responding to our clients about their specific, individual needs results in increased client satisfaction and a greater likelihood that the client will participate in services that are offered. Self-directed mental health care embodies this approach, and studies show individuals engaged in self-directed treatment are better able to avoid the cycle of forced rehospitalization.[2] As such, SB 988 allows for a system of mental health care that upholds our clients' autonomy in health care decision-making and reduces interactions with the legal system.

II. SB 988 protects constitutional rights to bodily autonomy.

The right to bodily integrity is a well-established, fundamental constitutional principle, and courts have long held that this notion pertains to the right to refuse both medical and mental health treatment.[3] Specifically, the US Supreme Court has ruled that individuals have a significant constitutionally protected liberty interest in declining antipsychotic drugs to treat mental illness, a finding that can only be overcome by essential state interests such as concern for an individual's safety or the safety of others.[4] Individuals who do not meet this standard should remain free to manage their mental health care as they see fit and decline treatment with antipsychotics, as many

[1] *Mental Health Self-Direction*, Human Services Research Institute https://www.mentalhealthselfdirection.org/research (last visited Mar. 7, 2024).
[2] *Self-Direction in Mental Health*, National Resource Center for Participant-Directed Services (2017), *available at* https://appliedselfdirection.com/resource/#/in7b3sbjrb611ru.
[3] *See* U.S. Const. Amends. 5, 14; *O'Connor v. Donaldson*, 422 U.S. 563 (1975); *Addington v. Texas*, 441 U.S. 418 (1979); *Vitek v. Jones*, 445 U.S. 480 (1985); *Mercer v. Thomas Finan Center*, 476 Md. 652 (2021).
[4] *See Sell v. United States*, 539 U.S. 166 (2003); *Washington v. Harper*, 494 U.S. 210 (1990); and *Riggins v. Nevada*, 504 U.S. 127 (1992).

Maryland Office of the Public Defender, Government Relations Division, 45 Calvert St, Suite 108, Annapolis MD 21401
For further information please Elizabeth Hilliard, Elizabeth.hilliard@maryland.gov 443-507-8414.

find that the side effects of antipsychotics are severe[5] and outweigh the therapeutic benefit. Self-directed mental health care offers the most constitutionally sound method of providing mental health services to individuals living with severe mental illness because it establishes a model of care that promotes self-determination and bodily autonomy. In doing so, individuals can engage in effective mental health treatment without the threat of coercion or involvement in the legal system.

In sum, the self-directed mental health care treatment model as presented in SB 988 is the best option for improving mental health care for Marylanders as it provides effective, individualized services while protecting citizens' rights to bodily autonomy. **For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill 988.**

Submitted by: Maryland Office of the Public Defender, Government Relations Division
Authored by: Lindsey Balogh, LCSW-C, Advanced Social Worker, Mental Health Division
Carroll McCabe, Chief Attorney, Mental Health Division

[5] *Washington v. Harper*, 494 U.S. 210, 230-31 (1990) ("The purpose of the drugs is to alter the chemical balance in a patient's brain, leading to changes, intended to be beneficial, in his or her cognitive processes. While the therapeutic benefits of antipsychotic drugs are well documented, it is also true that the drugs can have serious, even fatal, side effects. One such side effect identified by the trial court is acute dystonia, a severe involuntary spasm of the upper body, tongue, throat, or eyes … Other side effects include akathesia (motor restlessness, often characterized by an inability to sit still); neuroleptic malignant syndrome (a relatively rare condition which can lead to death from cardiac dysfunction); and tardive dyskinesia, perhaps the most discussed side effect of antipsychotic drugs. Tardive dyskinesia is a neurological disorder, irreversible in some cases, that is characterized by involuntary, uncontrollable movements of various muscles, especially around the face." (citations omitted)).

OOOMD - 2024 - SB 988 - FAV - SDC (Written).pdf
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WRITTEN TESTIMONY IN SUPPORT OF SB 988: Maryland Medical Assistance Program – Self–Directed Mental Health Services – Pilot Program

Thank you Chair Beidle, Vice Chair Klausmeier, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

OOOMD is in strong support of SB 988, which would establish a statewide 3 year Self–Directed Mental Health Services Pilot Program in Maryland. This program will facilitate access to self-directed, person-centered, trauma-informed, and culturally responsive services that meet individuals' unique needs related to their mental health wellness and recovery.

Self-Directed Services (SDS) Overview

Self-Directed Services (SDS) programs prioritize empowerment, supported decision-making, independence, and personal responsibility by allowing individuals with mental health disabilities to take an active and integrated approach to their health and recovery by leveraging available public funds to access clinical and non-clinical services and goods within the defined scope of a customized support plan. The primary elements of the program are:

- ***Participant:*** Individuals living with a 'severe mental illness', who are Medicaid recipients, and: have been unsuccessful or excluded from receiving services from the public behavioral health system, are at risk of institutionalization, or are living with multiple disabilities. The bill requires MDH to work in conjunction with stakeholders to further define eligibility criteria.
- ***Support Broker:*** An identified supporter who helps the participant develop and implement their personalized Recovery Plan as well as, navigate access to desired services and supports.
- ***Person-Centered Recovery Plan:*** A formal document describing the individual's wants and needs related to their mental health recovery, any barriers to achieving goals, and resources needed to attain goals.
- ***Individual Budget:*** Identifies the costs and funding mechanisms for specific services and supports within the Recovery Plan.
- ***Fiscal Intermediary:*** Provides financial management services such as provider billing to access goods and services identified in the plan.

The flexibility and individualized nature of SDS programs afford participants access to a diverse array of supports to best suit each individual's unique mental health, social, and somatic needs, such as but not limited to:

- ***Clinical:*** Private or out-of-network behavioral health clinicians or programs that best meet unique cultural, linguistic, or clinical needs, medication copays.
- ***Integrative & Holistic Healthcare:*** Services and supports for social-emotional and physical health and wellness.
- ***Basic Needs:*** Rental assistance, transportation, assistance with meal preparation.
- ***Accessibility:*** Technology to enhance communication access.
- ***Occupational:*** Educational or vocational training and support.

Current Limits of SDS in Maryland

Maryland's Department of Developmental Disabilities Administration currently runs a successful SDS program for individuals living with intellectual and developmental disabilities. Unfortunately, individuals with a sole diagnosis of mental illness are excluded from the program.

Expansion Pilot Goals

This bill would require the Behavioral Health Administration to apply for a Medicaid Waiver to establish and evaluate the success of a Self-Directed Mental Health Services Pilot Program. Within this program, an individual living with significant mental health disability would be supported with accessing services and goods that maintain or increase their independence, promote opportunities for community living and inclusion, and facilitate access to clinically appropriate and culturally responsive, person-centered care.

Mental health SDS programs have already been successfully implemented in 6 states: Florida, Michigan, New York, Pennsylvania, Texas, and Utah. Technical assistance with implementation is available from national organizations with expertise in SDS program models. SDS programs have been well researched over the past 20 years, and yield impressive results both for individual health outcomes and system cost savings:

- Improved clinical, somatic health, vocational, and housing outcomes
- Increased service user satisfaction and enhanced compliance with care
- Reduced time spent in the institutional settings (jails, hospitals, nursing homes, and ERs)

Need and Impact

We see great need and high potential for an SDS program that is accessible to individuals with mental health disabilities in Maryland. Our affiliated network of 16 peer-operated Wellness & Recovery Organizations throughout Maryland offer free, voluntary recovery support services to nearly 8,500 people, many of whom live with serious mental illness and socioeconomic barriers. In

our centers, trained peer staff assist and support individuals with meeting their basic needs, identifying and meeting their own personal identified goals, and working towards stability, independence and long-term recovery. Many would greatly benefit from an SDS program.

Recovery requires support for all life dimensions, as multiple factors can support or disrupt both an individual's wellness: co-occurring conditions; stress in employment, familial, or social relationships; limitations on insurance coverage; lack of financial resources; housing instability; transportation access; and/or the loss of social support and reduced perception of self-worth stemming from experiences of hospitalization or coercive treatment.

Individuals whose clinical, cultural, or social needs fall outside the scope or capacity of existing systems of care can have difficulty finding and connecting with appropriate and effective services, and become mischaracterized as non-compliant and/or treatment resistant. Many individuals living with "Serious Mental Illness" have experienced inaccessible, inconsistent, ineffective, coercive, or harmful treatment from our fragmented healthcare system, such as:

- Previous experiences with the mental health system that have been alienating, traumatic, or led to broken trust.
- Clinical treatment that has been ineffective, harmful, or provides a narrow, one-size-fits all approach to addressing an array of complex needs.
- Lack of available or accessible treatment due to long waitlists, limited program operating hours, narrow eligibility criteria, maximum length of stay limits, and logistical barriers such as housing instability, food insecurity, lack of transportation, lack of social support, and financial cost of care with limited or no insurance.

Self-Directed Services literally meet people exactly where they are, and help clear the pathway to where they want to be. This program is a needed component of a world-class, equity-focused, and trauma-informed healthcare system for Maryland. By giving participants the autonomy, support, and financial resources to identify and overcome the specific barriers of their unique recovery journey, SDS programs will fulfill Marylander's expressed needs for services and supports that align with their goals, values, and vision for their future. **We strongly encourage a favorable report. Thank you!**

SB988 FAV.pdf
Uploaded by: Morgan Mills
Position: FAV

March 8, 2024

Chair Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

According to SAMSHA, self-directed care “provides an opportunity for individuals (…) to asses their own needs, determine how and by whom those needs should be met, and manage the funds to purchase those services”.

Many studies have found that self-directed treatments can be very effective. Two reviews that each included over 30 studies found that self-help treatment significantly reduced both anxiety and depression. Studies also show that people tend to maintain their progress over time, which is very encouraging. In a time of high anxiety, rising depression rates, and soaring health care costs, self-directed psychological treatments have many advantages.

Completing a program that's right can lower anxiety, improve mood, and provide skills to help manage conditions.

For these reasons, we urge a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
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Mmills@compassadvocacy.com

SB0998 Fuld.pdf
Uploaded by: Samantha Fuld
Position: FAV

March 7th, 2024

To: Members of the Finance Committee in the Maryland Senate

From: Dr. Samantha Fuld, DSW, MSW, LCSW-C, Clinical Assistant Professor, University of Maryland School of Social Work.

Re: Support for SB0988: Maryland Medical Assistance Program - Self-Directed Mental Health Services - Pilot Program

Position: Favorable

I am a proud resident of Maryland (District 46). I am also licensed as a Clinical Social Worker in Maryland and am a Clinical Assistant Professor at the University of Maryland School of Social Work. In these professional roles I have worked alongside hundreds of individuals and families with mental health disabilities and have contributed to the clinically focused education of hundreds of social workers in Maryland. Please note that in this testimony I am speaking as an individual and NOT on behalf of my employer.

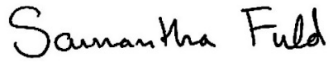
In the realm of clinical supports, services, and treatment, we know that a sense of safety, autonomy, and choice are paramount to successful healing. These are key elements of the evidence-based Trauma-Informed Care (TIC) model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014. These principles include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and [attention to] cultural, historical, and gender issues. These principles have been widely adopted as best practice in the mental and behavioral health realm, including by the Centers for Disease Control and Prevention (CDC) as part of their public health strategy and by the City of Baltimore through the Elijah Cummings Healing City Act.

The proposed Self-Directed Mental Health Services Pilot aligns well with these principles in its efforts to support a person in guiding their own treatment decisions with specific directives for empowerment and choice in the care, resources, and services they receive. No one improves by force and loss of control. This approach to supporting the health and wellbeing of Marylanders is in line with best practices and is likely to have significantly better and longer lasting positive outcomes than the proposed Assisted Outpatient Treatment (AOT) program (HB 576/SB 453) which directly counters what we know about an effective clinical treatment process.

I urge you to support the approval and implementation of this pilot, which provides an opportunity for Maryland to offer supportive, effective, trauma-informed mental health services and concrete resources that emphasize empowerment, voice, and choice in the process.

Respectfully,

Dr. Samantha Fuld, DSW, MSW, LCSW-C



SB0988 Testimony.pdf
Uploaded by: Sarah Paul
Position: FAV

Statement of Maryland Rural Health Association (MRHA)
To the Senate Finance Committee
Chair: Senator Pamela Beidle
March 7, 2024
Senate Bill 0988: Maryland Medical Assistance Program - Self-Directed Mental Health Services - Pilot Program

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0988: Maryland Medical Assistance Program - Self-Directed Mental Health Services - Pilot Program.

Mental illness is a chronic condition that many Maryland residents face in their lifetime. Despite increasing resources to encourage treatment and mental health management, residents continue to go untreated and such resources are underutilized. According to the data reported by the National Alliance on Mental Health, in February of 2021, 39% of Marylanders suffered symptoms of anxiety and depression, and yet 31.3% were unable to receive treatment (n.d.). There are many reasons as to why people deny seeking out mental health services, some of which include cost, lack of knowledge on available resources, lack of confidence, and fear of judgement caused by the current stigma. When an individual feels out of control over their health or does not have enough information to process new prognostics, it can be extremely discouraging to take action. Mental illness does not affect everyone equally, and individually based illnesses require individualized treatment. With these barriers in mind, self-directed service programs have been gradually used as models for mental health care programs and have proven to address these concerns. Self-guided models allow the individual to make decisions about their care and recovery while also receiving supplemental support when needed to make an informed decision. The decisions made in mental health recovery heavily revolve around the individual's desire for treatment and compliance. To aid in improving retention of treatment and successful recovery, the individual needs to be involved in each step and needs to feel heard. Self-guided programs empower participants and motivates them to take control of their health by making decisions based on their personal volition (Human Services Research Institute, n.d.). Such empowerment can allow the individual to become a contributing member of society. The inclusion of the individual in treatment facilitates trust between the participant and provider, encouraging the participant to be open to further treatment. If the budget allows the passing of SB0988, a self-directed pilot study focusing around mental-health treatment would bring invaluable insight for mental and public health professionals as we continue to support Maryland residents suffering from mental illness.

On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
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National Alliance of Mental Illness Maryland. (n.d.). Mental health in Maryland. https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf
Human Services Research Institute. (n.d.). *The fundamentals – An overview*. https://www.mentalhealthselfdirection.org/fundamentals#:~:text=What%20is%20Self%2DDirection%3F,goals%20for%20recovery%20and%20independence.

SB 988 - FIN - MDH - LOC.docx.pdf
Uploaded by: Jason Caplan
Position: UNF

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 8, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 988 – Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program – Letter of Concern

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of concernfor Senate Bill (SB) 988 – *Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program*.

SB 988 requires the Maryland Medical Assistance Program to administer a three year long self-directed mental health services pilot program. The pilot must facilitate access to clinically appropriate, person-centered, culturally responsive and trauma-informed self-directed services in an integrated community-based setting to meet the needs of pilot participants. The bill further requires the Governor to appropriate $1 million for each of the fiscal years from FY26 through FY28 for the implementation of the pilot program. Subject to approval by the Centers for Medicare and Medicaid Services (CMS), these funds would be eligible for a 50% federal match for a total annual budget of $2M annually. SB 988 also requires the Department to submit a report to the Governor on the findings and recommendations from the pilot program on or before November 1, 2028.

Pilot Population Eligibility, MDH Responsibilities, Fixed Cost Estimates
SB 988 requires that the Department identify 100 adult Medicaid beneficiaries with behavioral health needs and who may benefit from receiving self-directed services to participate in the pilot program. Medicaid participants who are excluded from Assertive Community treatment - or other services offered in the public behavioral health system; have multiple disabilities; have severe mental illnesses with trauma related disorders, have cultural needs that are unserved in the public health system; or are at risk of institutionalization are required to be prioritized in the pilot program. In addition, MDH is required to consult stakeholders and provide training materials to service agencies and community providers that address the self-directed model of services as well as provide a coordinator to educate the participants on available models and services to assist the participants in making an informed decision.

Designing, implementing, and evaluating the Mental Health Self Direction Pilot (the Pilot) will require substantial fixed costs including: additional staffing and modifications to increase Fiscal Management Contract Services (FMCS); as well as, funding to complete the required match-pairs evaluation of the Pilot. The fiscal impact of fixed costs associated with implementing SB 988 will be $3.65 million TF ($1.83 million GF, $1.83 million FF) over 5 years from FY25 through FY29.

Pilot Participant Self-Directed Budgets
In order to determine the amount of the $2M budget that would remain and be used for participant's self-directed services budget, MDH divided the remaining appropriate budget across 100 pilot participants after deducting the expected fixed costs. MDH notes that the annual per person funding available through the Pilot would be substantially less than the per person cost for individuals enrolled in the Developmental Disabilities Administration (DDA)Home and Community-Based Services (HCBS) Self-Directed Waiver. Additionally, MDH notes that SB 988 would require provision of two services that are not a feature of the DDA HCBS Self-Directed Waiver: Peer Respite and Rental Assistance. Based on this analysis, the average annual personal budget per Pilot participant would be $10,605.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary