

**2021 NASW SB 520 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



**Testimony before the Senate Finance Committee**

**Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications**

**February 18, 2021**

**\*\*SUPPORT\*\***

On behalf of the Maryland Chapter of the National Association of Social Workers, we are asking for your support for **Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications.**

What SB 520 does is expand on and improve the required data for the annual report on behavioral health services for children and young adults in Maryland. This report, developed in response to 2018 legislation, provides extensive information about the use of public behavioral health resources that helps 'paint a picture' of the use of resources and identify gaps, trends, or even overuse, particularly of high end services. In addition, we need to know and understand whether and how our services may be disproportionately allocated and made available to BIPOC.

Similarly, the Voluntary Placement Agreement report is intended to make information available to stakeholders to have the statewide view of parental requests and their outcomes. Without this information, each story, each anecdote is just that, one incident.

From the Behavioral Health Services report we know, for example, that Black youth are disproportionately high users of residential treatment services, but disproportionately low users of out-patient preventive services. This can help to sharpen our focus on identifying the obstacles to accessing and using preventive services. Are services delivered in a culturally competent manner, and engaging enough to appeal to these young people long before becoming high intensity users?

Similarly, the report reveals that fully 50% of the children who come to the emergency room with a behavioral health crisis are not in need of psychiatric hospitalization. That experience - which we can all agree isn't curative for the child or the family - costs the state literally millions of dollars. This is the kind of data that clearly supports a plan for mobile crisis teams offering intervention long before the behavioral health crisis boils over, or making that emergency room visit unnecessary.

From our close review of the Behavioral Health Services and Voluntary Placement Agreements reports, we recognized that information was missing that could boost our knowledge to strengthen Maryland's behavioral health services, especially about substance use disorder services. SB 520 simply adds in those missing pieces. Our hope is to improve the racial equity lens through which Maryland's behavioral health services, including substance use disorder, are planned and allocated, and to strengthen the delivery of behavioral health services as a whole. We ask for your support.

Judith Schagrin, LCSW-C  
Legislative Chairperson

**MCF\_Fav\_SB 520.pdf**

Uploaded by: Geddes, Ann

Position: FAV



**SB 520**  
**Behavioral Health Services and Voluntary Placement Agreements –**  
**Children and Young Adults – Report Modifications**

**Senate Finance Committee**  
**February 23, 2021**

**FAVORABLE**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

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MCF strongly supports SB 520.

In 2018 the legislature passed HB 1577 – Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Reports. This bill was enacted in order to begin to gather data on the use of mental health services and Voluntary Placement Agreements by youth. The bill has brought much important information to light. Some things we have learned:

- Almost 12% of children, adolescents and young adults in the Public Mental Health System use the emergency department
- Only a handful of children and adolescents with mental health disorders participate in the 1915(i) program, which had been designed to keep youth out of high end placements such as residential treatment centers
- There is high use and high cost associated with the use of psychiatric rehabilitation programs (PRPs)
- Youth of color are over-represented in residential placements
- Most requests for a Voluntary Placement Agreement are denied

This information has been used to support the design and expansion of crisis services for youth, to improve utilization of the 1915(i) by revising eligibility regulations, to study how to reduce the use of PRPs, and to begin to examine how to make outpatient services more culturally-competent. In addition, the report has prompted an attempt to improve the Voluntary Placement Agreement policies and practices.

While HB 1577 was a good start, there are items that were overlooked. The most important of these was the requirement that data about substance use services be collected and reported. We have heard over the last few years that there is very little substance use treatment tailored and available to adolescents. In fact, recently all in-state residential programs to treat adolescents with substance use

disorders have closed (both ASAM levels 3.5 and 3.7). Is Maryland sending youth out-of-state, or are youth who meet the ASAM medical necessity criteria for residential substance use treatment not being appropriately served? We need data about availability, capacity, and utilization of substance use treatment services by adolescents and young adults.

Other changes in the bill relate to items that were also overlooked (the use of telehealth) or poorly worded (average vs. median). Finally, since the original data reports highlighted the need to break down data according to race and ethnicity for a better understanding, SB 520 requires more of this disaggregation.

We urge a favorable report.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
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**Columbia, Maryland 21044**  
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# **BHSB\_SB 520 Behavioral Health Services and VPA Rep**

Uploaded by: Jefferson , Stacey

Position: FAV



February 23, 2021

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 520- Behavioral Health Services and Voluntary Placement Agreements- Children and Young Adults-  
Report Modifications*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore is pleased to support SB 520- Behavioral Health Services and Voluntary Placement Agreements- Children and Young Adults- Report Modifications.** This bill would expand the Behavioral Health Administration’s (BHA) annual report on behavioral health services for children and young adults. It would require that the report include expanded information about substance use disorder treatment, utilization of telehealth services for behavioral health, and disaggregated data on race and ethnicity.

SB 520 builds upon previous legislation passed in 2018. Previous legislation required Behavioral Health Administration and the Social Service Administration report annually on the number of Voluntary Placement Agreements (VPA) requested, approved and the reasons for denial. The recent report was released in December 2020 while it provides a lot of helpful data the current report does not include vital information on the availability of telehealth services or substance use disorder services. The data provided in the report also does not provide a demographic breakdown to allow for an analysis of racial/ethnic disparities in service availability, nor does it help get to the root issues that are causing these fragmentations in service delivery.

BHSB supports SB 520 because this data will allow us to target services to address the needs of children and families particularly in Baltimore City. We often hear anecdotally the need for increased behavioral health services for children and youth in Baltimore City particularly for substance use disorder. Expanding the information in BHA report will provide a full accurate picture of the gaps in those services.

Expanding the reporting requirements to disaggregate data by race and ethnicity, will allow us to target efforts to address the health inequities fueled by systemic and structural racism. The impacts of racism on behavioral health has been shown to have lasting impacts on individuals well into older adulthood. This presents itself in over-diagnosing and misdiagnosing of mental illnesses,<sup>1</sup> of increased likelihood

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<sup>1</sup> Perzichilli, T. “The historical roots of racial disparities in the mental health system.” 2020, Counseling Today. <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

that Black youth end up in detention instead of treatment,<sup>2</sup> and in Black adults being 20% more likely to report serious psychological distress than white adults.<sup>3</sup>

In addition, the COVID-19 pandemic has allowed the expansion of access to telehealth services for behavioral health. SB 520 would require reporting on access to telehealth for behavioral health services. The service expansion has become a vital part of Maryland's continuum of care, but we still lack robust data on how this is being used to support children and youth with behavioral health needs. This added reporting requirement would help identify any inequities in service delivery, and help Maryland remain adaptable to meeting the mental and behavioral health needs of our communities.

SB 520 will provide us with more of the critical data needed to help improve the behavioral health system of care for children and youth in Baltimore City. **As such, BHSB urges the Senate Finance Committee support SB 520.**

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<sup>2</sup> American Psychiatric Association. "Mental Health Disparities: Diverse Populations." 2017, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

<sup>3</sup> U.S. Department of Health and Human Services, Office of Minority Health. "Mental and Behavioral Health - African Americans." 2019. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>

# **SB0520\_FAV\_MARFY\_BH Serv. & Voluntary Placement Ag**

Uploaded by: Kasemeyer, Pam

Position: FAV



Maryland Association of  
Resources for Families & Youth

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Katherine Klausmeier

FROM: Pamela Metz Kasemeyer  
Danna L. Kauffman

DATE: February 23, 2021

RE: **SUPPORT** – Senate Bill 520 – *Behavioral Health Services & Voluntary Placement Agreements – Children and Young Adults – Report Modifications*

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The Maryland Association of Resources for Families and Youth (MARFY) is a statewide network of private agencies serving at-risk children and youth and advocates for a system of care in Maryland that meets the needs of children and families. MARFY is a program of Maryland Nonprofits and **supports** the passage of Senate Bill 520.

Senate Bill 520 provides important enhancements to the Behavioral Health Administration’s (BHA) annual report on behavioral health services for children and youth. Cross agency sharing of information that can assist agencies in better meeting the needs of Maryland residents they serve is often lacking. Senate Bill 520 will enhance cross agency communication with respect to the provision of behavioral health services for children and young adults and will serve to enhance the identification of service needs for some of Maryland’s most vulnerable youth and families.

The legislation requires the annual report on behavioral health services for children and young adults that is done by the BHA to include information to be provided by the Social Services Administration (SSA) related to voluntary placement agreements (VPAs) for children and young adults, including information relating to agreements requested for children with a developmental disability and the type of placement recommended for agreements that were approved. The bill also requires the inclusion of information related to outpatient and substance-related disorders program services and behavioral health services provided through telehealth. The data in the report is to be grouped by race and ethnicity.

Passage of Senate Bill 520 will provide a more comprehensive assessment of the behavioral health challenges and need for services experienced by Maryland’s children and young adults. A favorable report is requested.

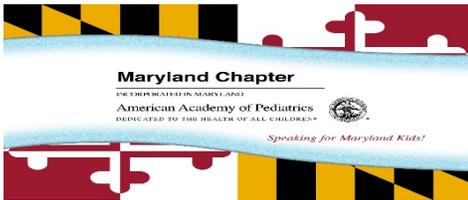
**For more information call:**

Pamela Metz Kasemeyer  
Danna L. Kauffman  
(410) 244-7000

**SB0520\_FAV\_MDAAP\_MACHC\_BH Serv. & Voluntary Placem**

Uploaded by: Kasemeyer, Pam

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Katherine Klausmeier

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman

DATE: February 23, 2021

RE: **SUPPORT** – Senate Bill 520 – *Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications*

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On behalf of the Maryland Chapter of the American Academy of Pediatrics and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 520.

Senate Bill 520 requires the annual report on behavioral health services for children and young adults that is done by the Behavioral Health Administration (BHA) to include information related to outpatient and substance-related disorders program services and behavioral health services provided through telehealth. The data in the report is to be grouped by race and ethnicity. The legislation also requires the Social Services Administration (SSA) to provide BHA with information related to voluntary placement agreements (VPAs) for children and young adults, including information relating to agreements requested for children with a developmental disability and the type of placement recommended for agreements that were approved.

The additional information required to be reflected in the report will provide a more comprehensive assessment of the behavioral health challenges and need for services experienced by Maryland's children and young adults. The requirement for SSA to provide BHA information on VPAs will enhance cross agency communication, assist in evaluating the needs of these children and families to prevent VPAs, and better inform BHA on the need for services and resources for many of Maryland's most challenged youth and families. A favorable report is requested.

**For more information call:**

Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
410-244-7000

# **MRHA SB520 - Behavioral Health Services and Volunt**

Uploaded by: Orosz, Samantha

Position: FAV



## **Statement of Maryland Rural Health Association**

To the Finance Committee

February 23, 2021

Senate Bill 520 - Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults - Report Modifications

### **POSITION: SUPPORT**

Chair Kelley, Vice Chair Feldman, Senator Klausmeier, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 520 - Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults - Report Modifications.

MRHA supports this legislation that would require an annual report on behavioral health services for children and young adults in the State and would include information relating to outpatient and substance-related disorders program services by children and young adults provided through telehealth. This legislation ensures that proper data is being collected that would characterize the necessity of behavioral health and substance use disorder delivered through telehealth to rural communities.

Rural Marylanders suffer from chronic lack of behavioral health and substance use disorder care, so it is imperative that these services are being delivered through telehealth during this pandemic.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MRHA supports this legislation and the attention to addressing lack of quality behavioral health and substance use disorder services. As stated above, rural Marylanders shoulder unique barriers to health, and this legislation would provide a data driven approach to understand and form a foundation to better achieve health equity.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

**SB 520 VPA bill testimony.pdf**

Uploaded by: Parsley, Luciene

Position: FAV

**Disability Rights Maryland**  
Testimony before the Senate Finance Committee  
February 23, 2021

**Senate Bill 520 – Behavioral Health Services and Voluntary Placement Agreements -  
Children and Young Adults - Report Modifications**

**POSITION: SUPPORT**

Disability Rights Maryland (DRM) is Maryland's designated Protection and Advocacy agency, and is federally mandated to advance the civil rights of people with disabilities. DRM advocates for systemic reforms and policies that improve services and supports for youth with disabilities, and ensures that their rights are protected. We regularly advocate for children with disabilities who require a Voluntary Placement Agreement (VPA) to obtain the care and treatment needed to address their significant needs. It is often difficult for parents and guardians to obtain a VPA, and once a VPA has been executed, we continue to see children in DHS care and custody who stay in clinical settings long past when they are recommended for discharge, because DHS has not been able to put in place appropriate supports and services needed by the child. It is important that new community services be developed and funded, including prevention and crisis response services, therapeutic foster care or small community group homes, to prevent crises and psychiatric hospitalizations whenever possible, and SB 520 is a needed step to compile data to assess various categories of need.

DRM supports SB 520's requirements that additional data be included in the report that BHA is required to compile and provide to the General Assembly. In particular, DRM supports the new requirements that BHA separate its data into racial and demographic categories so that we can discern whether certain groups are being disproportionately affected by the need and wait for behavioral health and habilitative services. DRM also supports the proposed requirement for BHA to compile data on the number and median length of stay in psychiatric units of hospitals and Residential Treatment Centers, including the length of time spent waiting for appropriate services, and the number of children and youth who are persons with developmental disabilities. This information is critical to understand how to direct resources and funding for the creation of new support services, particularly community services that include wraparound and mobile crisis response.

DRM strongly believes that youth with disabilities have the right to live and thrive in their communities. DRM regularly receives calls from foster families, guardians and family members of youth in DHS custody who lack appropriate placements and services. Under the *Americans with Disabilities Act*, public entities, including BHA and DHS, are required to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. § 35.130(d). By definition, children overstaying their clinical treatments have no

medical reason to be in a restrictive hospital setting and are appropriate for community-based placements or residential treatment programs. Requiring BHA to continually assess needs is a key first step to the development of services. BHA has already proposed some new steps in its newly issued Request for Expressions of Interest for providers to begin to address the issue of children and youth overstaying in hospitals and RTCs. More work remains to be done, particularly around the development of additional community services, so that parents and guardians are not required to seek a VPA to access appropriate care in the first place.

**For these reasons, DRM recommends that Senate Bill 520 be given a favorable report.**

# **SB0520 Behavioral Health Services and Voluntary PI**

Uploaded by: Quinlan, Margo

Position: FAV

**Senate Bill 520 Behavioral Health Services and Voluntary Placement Agreements -  
Children and Young Adults - Report Modifications**

Senate Finance Committee

February 23, 2021

**Position: Support**

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to submit testimony in support of Senate Bill 520.

SB 520 seeks to expand the Behavioral Health Administration's (BHA) annual report on behavioral health services for children and young adults, and adds language to the Social Services Administration's annual report on voluntary placement agreements (VPAs) for children and young adults. This bill is building upon the work of Senator Klausmeier's 2018 bill, *SB977/HB1517 Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults*, which was passed in partnership with MHAMD and our Children's Behavioral Health Coalition, and which began to provide more data related to the availability of behavioral health services for Maryland children and youth.

This bill would have the BHA report include, among other things, expanded information about substance use disorders, utilization of telehealth services for behavioral health, and disaggregated data on race and ethnicity. Expanding the reporting requirements to disaggregate data by race and ethnicity will help the State and advocates more deeply target efforts at addressing the health inequities fueled by systemic and structural racism.

There is an overwhelming body of research arguing that structural racism – not race itself – creates widening generational health disparities for Black and Brown people. The impacts of discrimination, redlining and segregation, of historical and contemporary traumas all contribute to the fatally discordant health outcomes which play out in our healthcare system here in Maryland. The impacts of racism on mental and behavioral health has been linked to Adverse Childhood Experiences (ACEs)<sup>1</sup>, and has been shown to have lasting impacts on individuals well into older adulthood. This presents itself in over-diagnosing and mis-diagnosing of mental illnesses,<sup>2</sup> of

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<sup>1</sup> Lanier, P. "Racism is an Adverse Childhood Experience (ACE)." 2020, The Jordan Institute for Families.

<https://jordaninstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/>

<sup>2</sup> Perzichilli, T. "The historical roots of racial disparities in the mental health system." 2020, Counseling Today.

<https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

*For more information contact:*

*Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org*

increased likelihood that Black youth end up in detention instead of treatment,<sup>3</sup> and in Black adults being 20% more likely to report serious psychological distress than white adults.<sup>4</sup>

SB 520 would also require reporting on access to telehealth for behavioral health services. Expanded use of telehealth has been a critical component in Maryland's effort to mitigate spread of COVID 19. Increased flexibility in the delivery of these services has protected providers and patients from exposure to the virus, ensured continuity of care for Marylanders unable to access in-person treatment, and increased overall access to care. The service expansion has become a vital part of Maryland's continuum of care, but we still lack robust data on how this is being used to support children and youth with behavioral health needs. This added reporting requirement would help identify any inequities in service delivery, and help Maryland remain adaptable to meeting the mental and behavioral health needs of our communities.

The additional reporting language around voluntary placement agreements would also support advocacy efforts to better understand why gaps remain in youth and families seeking a high-intensity level of care during a mental or behavioral health crisis. Once entering into a Voluntary Placement Agreement (VPA), families are facing extremely long wait times to get services, often while their child sits in psychiatric inpatient hospital treatment. The discharge plan for these children requires they enter a Residential Treatment Centers (RTC), and it may take months before they get such a placement. These lengthy and expensive hospital over-stays are not only a burden on state dollars but they also delay needed treatment interventions and may worsen the symptoms of the mental or behavioral health crisis that the child is experiencing.

Senate Bill 520 goes a long way in expanding the already critical data that we have been able to gather with Senator Klausmeier's previous reporting requirements legislation. Mental Health Association of Maryland, and our Children's Behavioral Health Coalition, have made this a priority bill for the 2021 Session, and we are eager to see it passed. For the above reasons, we urge a favorable report on SB 520.

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<sup>3</sup> American Psychiatric Association. "Mental Health Disparities: Diverse Populations." 2017, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

<sup>4</sup> U.S. Department of Health and Human Services, Office of Minority Health. "Mental and Behavioral Health - African Americans." 2019. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>

# **Testimony SB 520 MC Federation February 2021.pdf**

Uploaded by: Quinlan, Margo

Position: FAV



**Montgomery County Federation of Families for  
Children's Mental Health, Inc.**

13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904

301-879-5200 (phone) 301-879-0012 (fax)

**Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements – Children and  
Young Adults – Report Modifications  
Senate Finance Committee  
February 23, 2021  
Position: Support**

My name is Celia Serkin. I am Executive Director of the Montgomery County Federation of Families for Children's Mental Health, a family support organization providing peer services and education to parents and other primary caregivers who have children and/or youth with behavioral health needs. We serve families from diverse racial, ethnic, social-economic, and religious backgrounds. The organization is run by parents who have children, youth, and young adults with behavioral health needs. I have two children, now adults, who have behavioral health needs.

The Montgomery County Federation of Families for Children's Mental Health supports SB 520 and the proposed expanded reporting requirements for Behavioral Health Administration's (BHA) annual report on behavioral health services for children and young adults, and the added language to the Social Services Administration's annual report on voluntary placement agreements (VPAs) for children and young adults. SB 520 will build upon Senator Klausmeier's previous reporting requirements legislation, 2018 bill, *SB977/HB1517 Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults*. The additional data captured in these expanded annual reports will increase our understanding of Maryland's behavioral health system and inform our advocacy efforts and programming.

In its expanded annual report, the Behavioral Health Administration will include data on the utilization of telehealth for children's behavioral health services, utilization of substance use programs, and disaggregation of data by race and ethnicity. During the COVID-19 public health emergency, the telehealth flexibilities and waivers have played a critical role in increasing access to needed mental health and substance use disorder services, while reducing providers' and the individual service recipients' risk and exposure to the coronavirus. Telehealth flexibilities have intrinsically become a part of the new normal and will be needed beyond the COVID-19 public health emergency so that individuals will be able to continue to access mental health and substance use disorder services. Telehealth has become an integral part of the Maryland's continuum of care and has helped to reduce or eliminate barriers to treatment. Yet we lack comprehensive data on how telehealth is being used to help children and youth with behavioral health needs and how the digital divide affects access to telehealth. The expanded report would capture important data that could be used to advance health equity efforts.

The Behavioral Health Administration's expanded annual report also will reveal much needed data on the utilization of substance use programs, including who is or is not accessing treatment. The need for substance use programs has increased due to the opioid epidemic and a rise in substance use and overdoses during the pandemic. Hallie Miller, in her article appearing in the Baltimore Sun on January 13, 2021, states, "More Marylanders died of drug and alcohol overdoses in the first nine months of last

year, a jump that health officials attribute to the coronavirus pandemic.”<sup>1</sup> The expanded reporting requirement will arm the State and advocates with important data that can be used to direct programming efforts to ensure equitable access to treatment.

The Behavioral Health Administration’s expanded annual report also will have disaggregation of data by race and ethnicity. This additional data will inform efforts to address race and ethnic disparities in behavioral health care and develop strategies to promote health equality. We need to understand racial disparities, or unfair differences, within behavioral health. Black, Indigenous, and People of Color have experienced individual, collective, and historic trauma because of systemic racism. It is important to acknowledge the existence of racial trauma, or race-based traumatic stress (RBTS), experienced by Black, Indigenous and People of Color and the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.<sup>2</sup> There is research on health inequities facing Black, Indigenous and People of Color that shows compared with whites, they are:

- Less likely to have access to mental health services
- Less likely to seek out services
- Less likely to receive needed care
- More likely to receive poor quality of care
- More likely to end services prematurely<sup>3</sup>

There also are racial disparities in misdiagnosis. For example, black males are four times more likely than white men to be diagnosed with schizophrenia) but are underdiagnosed with posttraumatic stress disorder and mood disorders.<sup>4</sup>

The added language to the Social Services Administration’s annual report on voluntary placement agreements (VPAs) for children and young adults will help us understand the challenges and barriers families face in trying to get a VPA and what happens for the few who are able to get it. Many families are unable to get a VPA due to a denial. Parents who are denied often feel that it is not safe for their youth to return home from the hospital. These families are exhausted, overwhelmed, and disconcerted. They want to help their youth get the behavioral health treatment they need, but they cannot access this level of care. Youth who are approved for a VPA can remain in a psychiatric inpatient unit in a hospital for months while waiting for a residential treatment placement. These youth also are not receiving the behavioral health treatment they need. In addition to the damage to youth and their families, these hospital over-stays are costly and burdensome.

We urge you to pass SB 520, which will produce rich and meaningful data for the State and advocates.

### **Sources**

<sup>1</sup><https://www.baltimoresun.com/health/bs-hs-overdose-rate-maryland-coronavirus-pandemic-20210113-rl13kzzv3jd6he2bf44wah5cbm-story.html>

<sup>2</sup>Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and Ethnoviolence as Trauma: Enhancing Professional Training. *Traumatology*, 16(4), 53-62. doi:10.1177/1534765610389595

<sup>3</sup><https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

<sup>4</sup>ibid

# **SB 520 - Support - MPS WPS.pdf**

Uploaded by: Tompsett, Thomas

Position: FAV



February 19, 2021

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Support – SB 520: Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults - Report Modifications

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements - Children and Young Adults - Report Modifications (SB 520) as this idea should provide a lot of useful information to the state, academics, health practitioners, and service providers. By wisely grouping data by race and ethnicity, this data will be especially helpful in showing whether significant differences exist among those groups of youth in Maryland.

For example, 2006 data from the National Survey on Drug Use and Health (NSDUH) suggested that the rates of adolescent past-month substance abuse among American Indians/Alaska Natives were 13.7%; for Blacks, 9.8%; for persons reporting two or more races, 8.9%; for non-Latino Whites, 8.5%; for Native Hawaiians/Pacific Islanders, 7.5%; for Latinos, 6.9%; and for Asians, 3.6%. At that time, across all youth, 8.2%, or approximately 2.1 million youth, needed treatment for drug or alcohol use problems. Of these, only 181,000 (8.7%) received treatment at a specialty facility, suggesting a dramatic gap in the unmet need for SUD services.<sup>1</sup>

Therefore, MPS and WPS ask the committee for a favorable report on SB 520. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488852/>

**CC - SB 520 - BHS & VP Report - FAV.pdf**

Uploaded by: Vaughan, Regan

Position: FAV

**Senate Bill 520**  
**Behavioral Health Services and Voluntary Placement Agreements –**  
**Children and Young Adults – Report Modifications**

Senate Finance Committee  
February 23, 2021

**Support**

Catholic Charities of Baltimore strongly supports SB 520, which modifies the requirements for reports on youth engagement with our behavioral health system.

Inspired by the gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of youth, individuals, and families each year, we recognize the importance of creating a strong system of care for children. We cannot create this system without the data to guide us.

Each day, Catholic Charities staff interact with Marylanders facing challenges and difficulties, those challenges and difficulties that have only escalated during the Pandemic. COVID-19 has laid to bare longstanding inequities in our systems, including inequitable access to behavioral health services.

The system of care for children has been slowly dismantled over the last decade. There are fewer and fewer high intensity placements while at the same time, the promised community based supports have not materialize. This has left us with anecdotes about children who are not getting the care that they need. In 2018, the General Assembly passed legislation mandating the Department of Health and the Department of Human Services to provide data on youth seeking and obtaining behavioral health services. While informative, the resulting reports also pointed out some issues with the data requirements. SB 520 seeks to correct those issues so we can move forward with relevant and updated data. Specifically the bill adds data requirements for:

- Outpatient services
- Substance-related disorder program services
- The use of telehealth
- Grouping the information in racial and ethnic groups

This additional data will help us to plan and develop a system of care that is worthy of the children it serves. **On behalf of the individuals and families we work with, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for Senate Bill 520.**

Submitted By: Regan K. Vaughan, Director of Advocacy