

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

House Health and Government Operations Committee

March 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)¹, 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,² of

¹ 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/>

² 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/>

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

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.

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

⁴ 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>