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Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications
Senate Finance Committee
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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 have 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."[1] 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.[2] 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[3]

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.[4]

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

[1]https://www.baltimoresun.com/health/bs-hs-overdose-rate-maryland-coronavirus-pandemic-20210113-rll3kzzv3jd6he2bf44wah5cbm-story.html
[2]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
[3]https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/
[4]Ibid