



SB 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)

Committee: Senate Finance Committee

Date: February 23, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF enthusiastically supports SB 637.

SB 637 does a number of things to improve the delivery of behavioral health services in Maryland. I want to address the component that aims to strengthen the two community-based program for children and adolescents: **the Targeted Case Management (TCM) and 1915(i) programs** that were established through a Medicaid State Plan Amendment in 2014. These programs were intended to provide an intensive level of treatment through the “wraparound” process, which is the gold standard for treating children and adolescents with more intensive mental health needs.

For a variety of reasons, the TCM and 1915(i) programs have not reached the numbers of youth who could benefit from them. From their inception, low numbers of youth have engaged in these programs. Instead, the numbers of children in Psychiatric Rehabilitation Programs (PRPs) has remained very high, and continues to grow.

<u>Program</u>	Number of Enrollees ⁱ		
	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>
PRP	16,075	18,299	21,805
TCM	1,965	2,325	2,514
1915(i)	55	54	31

With such low numbers of kids enrolled, there is little cost benefit to become a provider of services in the TCM and 1915(i) programs.

Moreover, the rates for providers are low. The 1915(i) was meant to be the service with the most intensive level of care for children with the most severe and complicated behavioral

health problems. Nonetheless, data from FY2019 shows that it has **lowest** average annual cost per child:

PRP: \$3,726/ child
TCM: \$3,275/child
1915(i): \$3,045/child

While a beneficial service, PRP is not the gold standard for treating children with intensive mental health needs. Wraparound is.

Why has there not been much uptake of these two programs that are based on the Wraparound model of serving children?

- Too stringent eligibility criteria
- Limited array of services because of limited numbers of providers (low rates)
- Lack of appeal to families, and families enrolled have low satisfaction, so drop out
- Referrals are not being made

The programs must be strengthened by:

- expanding eligibility criteria to allow more children to receive services, including a specified number of non-Medicaid eligible children
- requiring the use of high fidelity wraparound and certain evidence-based practices
- establishing reimbursement rates to providers that are commensurate with industry standards, especially for evidence-based practices
- Establishing in BHA's budget sufficient dollars for Customized Goods and Services (things such as art therapy, equine therapy, martial arts classes, therapeutic summer camps), which are not covered by Medicaid, but can have a profound impact on a child's recovery. Customized Goods and Services are one component of the TCM and 1915(i) programs, but currently extra dollars have to be found by BHA when available
- Expanding the programs to serve youth with substance use problems

This would be a good start to strengthening these programs. Maryland is sorely lacking in quality, intensive community-based services for children and adolescents. This contributes to hospitalizations and the need for residential placements. We could go a long way to solving the problem of overutilization of emergency departments and hospitals by strengthening the TCM and 1915(i) programs. We urge a favorable report on SB 637.

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ⁱ Latest available data , "Report on Behavioral Health Services for Children and Youth," MDH, FY17, FY18, FY19.