



SB 656

Children – Residential Treatment Centers – Education Funding

Senate Finance Committee

February 22, 2022

**POSITION: FAVORABLE**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The 2003 creation of voluntary placement agreements (VPAs) eliminated some challenges to obtaining care for a child with intensive behavioral health needs, but significant barriers for families remain. Although VPAs are an improvement over full custody relinquishment, it can be difficult to obtain one. The most recent data indicates that of the 105 requests submitted in FY21, only 58 were approved, indicating significant unmet family needs. 91% were requested due to a child's behavioral health needs.<sup>1</sup>

For a subset of children with behavioral health needs, VPAs—challenging as they are to obtain-- are required in order to address a bureaucratic barrier solvable by this legislation. Families with children who have met clinical criteria for an RTC stay, but who do not have a nonpublic school placement are often forced to seek a VPA solely to obtain funding for the education component of an RTC stay. Maryland State Department of Education (MSDE) is required pay for the education component of an RTC stay if a child has a nonpublic school placement, and these families can successfully access the behavioral health service their child needs. However, MSDE is not required to pay for the education component of an RTC stay for children without a nonpublic school placement, and these families must seek a the VPA and relinquish legal custody of their child to the Department of Human Services, so that DHS will pay for this part of the service.

Families with children with behavioral health needs requiring a residential placement are already in crisis mode. They should be able to access appropriate treatment for their child without going through a VPA process, which can be both traumatic and fraught with challenges, often including the levying of a child support payment. This bill would ensure equity of access to all families whose child requires an RTC stay to meet their behavioral health need simply by ensuring that the Maryland Department of Health, rather than the DHS, obtains the funds and authority to approve this portion of a medically necessary behavioral health service.

We ask for a favorable report on SB656.

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<sup>1</sup>DHS, [http://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1\(d\)\\_2021.pdf](http://dlslibrary.state.md.us/publications/Exec/DHS/SSA/FL5-505.1(d)_2021.pdf), p. 3

