

MCF and Thraia and Graber Hayes_Fav_SB656.pdf

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Position: FAV



SB 656 – Children – Residential Treatment Centers – Education Funding

Committee: Senate Finance

Date: February 22, 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 strongly supports SB 656.

In 2007, the Maryland General Assembly passed legislation that established the “Voluntary Placement Agreement” (VPA) process. The goal was to stop the practice of custody relinquishment, whereby a family with private insurance gave up custody of their child to the state so that the child could receive the mental health treatment that they so desperately needed (and was not covered by private insurance). Parents would lose all parental rights, were charged with child abandonment, and were placed on a child abuse registry.

The VPA process was meant to provide an alternative. Parents could “voluntarily” place their child in the custody of the state to access mental health treatment. They would lose legal custody, but maintain parental rights. They could terminate the contract at any time and regain legal custody. HB 1226 of the 2007 legislative session tasked the then Department of Human Resources with the responsibility of managing the VPA program, and the administration of processing Voluntary Placement Agreements was assigned to the local DSSs. The fiscal note at the time said that the local departments could administer the program with existing resources.

Fast forward 15 years. The VPA process has morphed into something that was not originally anticipated. Families with Medicaid (which covers treatment in an Residential Treatment Center if it is deemed medically necessary) must do a VPA if their child does not have a non-public school placement on an Individualized Education Plan (since most RTCs have their residents attend the RTC’s non-public school). This has created a two tier system. Families whose child is on Medicaid and has a non-public school placement on their IEP need only go to the Local Behavioral Health Authority (LBHA)/Core Service Agency (CSA) for a determination that the child meets medical necessity criteria, and receive assistance applying to RTCs. Families with a child on Medicaid who does not have a non-public school placement on their

IEP (most have IEPs, however) must go through the VPA process and give child welfare the legal custody of their child. They must have a home study done by DSS, go to court if the child is in the RTC longer than 180 days, and pay child support, which can be assessed at amounts of \$1,500 - \$2,000/month for a middle class family.

This two tier system should not exist. One family should not have to place their child in the custody of DHS simply because their child does not have a non-public school placement. All children with Medicaid, regardless of their school placement, should be able to access the psychiatric treatment they require without their family having to enter the child welfare system. Currently, State General Funds pay for the educational component of an RTC for children without a non-public school placement. Those dollars could (and should) run through MDH instead of DHS.

The situation is not uncommon. Two families have submitted testimony today who had to go through the VPA process in order to access the psychiatric treatment that their child needed in an RTC simply because their child did not have a non-public school placement. One family never actually had the VPA approved, but was told instead that she should relinquish custody of her child to the state. We have come full circle. **I urge you to read the stories of Ms. Colbert and Ms. Graber-Hayes.**

SB 656 would place the administrative task of approving psychiatric placement in an RTC on the LBHAs/CSAs, where it rightly belongs. Some LBHAs/CSAs have expressed concern that this will place an additional administrative burden on them, which they aren't able to absorb. We sympathize with this concern. That is why the bill designates one position at the Behavioral Health Administration (BHA) to assist the locals with the administrative tasks that need to be managed (which the LBHAs/CSAs are already handling for children with non-public school placements). The bill has an implementation date of July 2023, in order to give BHA and the locals time to work out policies and promulgate regulations.

The system as it exists now is absurd. No family with a Medicaid-eligible child should have to enter the child welfare system simply to access psychiatric treatment that is covered by Medicaid.

We urge a favorable report on SB 656.

Contact: Ann Geddes
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SB 656 – Children – Residential Treatment Centers – Education Funding

Senate Finance Committee
February 22, 2022

POSITION: Support

Thraia Colbert
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Annapolis, MD 21401
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tyraialc@gmail.com

I would like to ask you to support SB 656.

I have a son, Kaden, who is now 17, who was diagnosed with autism spectrum disorder at the age of 13. He has also been diagnosed with Disruptive Mood Disorder and Anxiety Disorder. As an adolescent, he became very aggressive – extremely so. He saw a therapist and psychiatrist, had intensive outpatient treatment at Kennedy Krieger Institute, and we got 8 weeks of in-home services through a program with crisis response, and still things got worse. Over the course of 9 months, I was calling the police once or twice a week because of his violent outbursts. About 7 times over that period he went into inpatient hospitalization. They would keep him for a week or two, change his medications, and send him home. He never got any better. One time he spent 75 days in the hospital, waiting for a bed in a Residential Treatment Center.

During that time, I was working to get a Voluntary Placement Agreement so that he could get into an RTC. We needed to do a VPA because even though he was on Medicaid, he did not have a non-public school placement on his IEP. This was a long and hard process. I had to meet with a panel of people from DSS and go over all the documentation that I had of everything that had been happening over the last few years. I had to show that I had done everything possible in the community to try to get my son and our family help. Then DSS had to come into my home. Finally, they approved the VPA. DSS took legal custody of Kaden, so I was ordered to pay child support. At first this was set at \$450 month, but I pled with them that I couldn't afford that, and it was reduced to \$300 month.

I can't afford \$300/month either. I have another son at home with a disability. I live from paycheck to paycheck, and the only expense of mine that has changed by having Kaden in an RTC is that my grocery bill is a little bit lower. I am behind in my child support, and don't know when I'll be able to catch up.

If SB 656 had been in effect, I wouldn't have had to get a Voluntary Placement Agreement. Things might have gone faster, I wouldn't have had to relinquish legal custody of my son, and I wouldn't have to be paying child support that I can't afford.

Please pass SB 656 so that other families can avoid some of the things that my family had to go through.

SB 656 – Children – Residential Treatment Centers – Education Funding

Senate Finance Committee

February 22, 2022

POSITION: Support

Chelsea Graber-Hayes

16 Francis Street

Annapolis, MD 21401

(Identification # ACP 11031)

graber.chelsea@gmail.com

Please vote in favor of SB 656. Had this bill been the law, it would have saved my family a huge amount of trauma and cost.

I have 6 children. 4 girls were adopted by me at a young age. All had Reactive Attachment Disorder and PTSD (from abuse). Two also had bipolar disorder.

The 3 of the girls that were adopted all ended up needing residential treatment. There were two ways I could get them into an RTC:

1. Pay an attorney thousands of dollars in order to get a non-public school placement on their IEP
2. Do a Voluntary Placement Agreement, place my child back in the custody of DSS, have a home study done by DSS, and pay child support

For my first adopted daughter, Samantha, who did not have a non-public school placement, I paid an attorney \$7,000 to get a non-public on her IEP. We prevailed in the proceedings against the school, so I didn't need to do a VPA. Samantha entered a residential treatment center.

For my second adopted daughter, Tiffany, I had to do a VPA. Not only did she not have a non-public on her IEP, but DSS decided to place her in a therapeutic group home. My daughter had to go back into the custody of DSS (with all that entails), and I paid approximately \$800/month of child support. I am a single mom.

For my third adopted daughter, Sabrina, I had to do a VPA since she did not have a non-public school placement on her IEP. While waiting for the VPA to be approved (which took 4 months), she went into the emergency department 5 or 6 times. DSS came into the home, did a home study, and I was again levied about \$800/month of child support.

I also have a biological son, who has been diagnosed with Disruptive Mood Dysregulation Disorder, ADHD, Autism Spectrum Disorder, and PTSD. He has had 14 inpatient hospitalizations. I went to do a VPA, but not only was told I'd have to pay a lot in child support,

they told me they'd have to contact his biological father, who was in prison for 20 ½ years for trying to kill me and my son in 2006. This simply was not an option (we are in a protection program). So I just left my son in the hospital and refused to take him home. He was in that hospital (admitted to a medical floor and receiving no mental health treatment) for 81 days before he was placed in an RTC. The hospital called Child Protective Services on me three times for child abandonment, but I did not care. I could not take him home. He was a danger to the rest of my family.

Still, even with him in an RTC, I would have had to pay child support since he did not have a non-public school placement on his IEP, so I paid an attorney \$5,000 to fight with the school and get him a non-public placement. We won, so I do not have to pay child support. I still have attorney fees to keep his IEP intact.

MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



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www.mcfof.org (website)

FAVORABLE
Senate Finance Committee
TESTIMONY IN SUPPORT

SB 656 Children – Residential Treatment Centers – Education Funding
Submitted by
Montgomery County Federation of Families for Children's Mental Health, Inc.

February 22, 2022

Senator Delores G. Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairwoman Kelley and the Respected Members of the Finance Committee:

The Montgomery County Federation of Families for Children's Mental Health, Inc. is pleased to support SB 656 Children – Residential Treatment Centers – Education Funding.

The Montgomery County Federation of Families for Children's Mental Health, Inc., is a charitable nonprofit family peer support organization that provides individualized and group family peer support, information and referral, education, advocacy, and leadership opportunities to Montgomery County parents and other primary caregivers who have children, youth, and/or young adults with behavioral health needs (mental health, substance use, or co-occurring challenges). We also help youth and young adults who have these challenges achieve positive outcomes. The staff and the Board of Directors of our organization are all parents who have raised youth with serious behavioral health challenges. Our organization has a strong and long history of working with diverse Montgomery County parents raising children and youth with serious behavioral health challenges, including those who needed RTC level of care for clinical reasons.

SB 656 Children – Residential Treatment Centers – Education Funding authorizes certain core service agencies, local behavioral health authorities, and local addictions authorities to approve certain funding for certain youths' educational costs incurred during admission to residential treatment centers under certain circumstance.

We are at a different place than where we were when VPA was first established. This development offers new opportunities when it comes one component of VPA, specifically eliminating the inequitable treatment of youth without nonpublic placements on their IEPs or not in special education when needing to be placed in an RTC for clinical reasons. Addressing this inequity now does not preclude conducting a comprehensive study of the entire VPA process and/or extending the start date for implementing the bill. VPA was established to help prevent families, particularly those with private insurance, from having to relinquish custody in order to get mental health services for their youth at the level of care needed. At the present time, there is parity legislation that is beneficial to families with private insurance who need to get specific behavioral health services at the higher level of care for their youth. In addition, there are many advocacy and legislative efforts being forged to strengthen parity for behavioral health services.

This bill will eliminate the inequitable way that youth without nonpublic placements on their IEPs or not in special education have been treated when needing to be placed in an RTC for clinical reasons. Youth without a nonpublic

placement on their IEPs or not in special education who are clinically indicated for an RTC placement will be able to be go through the same Core Service Agency/Local Behavioral Health Authority process that youth with a nonpublic placement on their IEPs use. State general funds, which are already paying for the education of youth that are in a Voluntary Placement Agreement, can be run through MDH instead of DHS in order to pay for the educational costs. By doing this, parents of children or youth with behavioral health challenges who need RTC level of care for clinical reasons will not have to go through a VPA. They will not go through an arduous application process, have to pay child support, be subjected to a home study, or appear in the court. Their youth will not enter foster care. The administrative costs can shift to BHA for the purpose of managing the additional families. The two groups of youth mentioned above have the same need, that is, their youth with serious behavioral health challenges are indicated for RTC level of care for clinical reasons. There is no longer a justification for having two different paths to accessing this level of care.

In addition to inequitable treatment, we are very concerned that families who are approved for a VPA have to pay child support. Family expenses such as rent/mortgage, car payments, and utility bills do not decrease when a child is in an RTC. In addition, many families are still experiencing financial and food insecurities during an inflationary period when prices for food, gas, and many other items are increasing. Families already went through the pandemic-induced recession during which many lost their jobs and could not pay their rent. Some still owe their landlords back due rent. Many pandemic-related relief programs have ended.

Throughout the years, we have also seen families who did not get a VPA then go through a Child in Need of Assistance (CINA). This is antithesis of what VPA was established for, i.e., to prevent custody relinquishment.

We strongly urge you to support this bill.

We appreciate your ongoing commitment to help Maryland youth with behavioral health needs and their families.

Sincerely,



Celia Serkin
Executive Director

SB 656- Children - Residential Treatment Centers -

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 22, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 656- Children - Residential Treatment Centers - Education Funding

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 656.

For families who pursue a voluntary placement agreement to allow a youth to receive critical behavioral health services in a setting like a residential treatment center, it can be difficult to ensure educational expenses are paid for and uninterrupted. SB 656 would allow a core service agency like a local behavioral health authority, to approve funds for educational expenses incurred at a residential treatment center. Families who can find no other option to help their child access behavioral health services can use the voluntary placement agreement pathway. If a youth attended a public school and transferred to a residential treatment center—a non-public special education placement—parents may be “obliged to pay child support” to cover the expense.¹ This bill closes an important gap and could remove an immense financial burden for the patient's family.

In 2019 hospitals participated in two studies of discharge delays among behavioral health patients: in inpatient settings and emergency departments. In both studies, children and adolescents were identified as at risk for a delay, especially children with involvement in one or more state agencies. Maryland hospitals joined the state Department of Health to gather data to better define the reasons behind persistent pediatric hospital overstays. In the fall, an average of 39 hospitals reported data weekly data for eight weeks. An average of 16 hospitals reported at least one child meeting overstay criteria each week, on average there were 25 youth meeting overstay criteria in the emergency department and 25 in inpatient units each week.

Residential treatment centers deliver vital services to youth with intensive needs. Every effort should be made to support them and their families.

SB 656 would help ease financial barriers to education for these youth and their families.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

¹ [SB 656 Fiscal and Policy Note.](#)

SB 656 Children--RTCs--Education Funding.pdf

Uploaded by: Lauren Grimes

Position: FAV



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.¹

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.

¹DHS, [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

DRMtestimony2022.SB656.pdf

Uploaded by: Leslie Margolis

Position: FAV



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

www.DisabilityRightsMD.org

Phone: 410.727.6352

SENATE FINANCE COMMITTEE

SENATE BILL 656: Children—Residential Treatment Centers—Education Funding

February 22, 2022

Position: Support

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. DRM's work encompasses individual cases and systemic advocacy. DRM has a long history of representing students with disabilities in special education matters and, for many years, represented students with disabilities in juvenile court foster care proceedings. DRM supports Senate Bill 656, which would require state funding for the educational component of a residential treatment center placement for children who are medically or psychiatrically recommended for such placements to be administered through the Department of Health rather than the Department of Human Services when the educational component is not otherwise required to be covered by the school system.

Currently, if a child or youth is recommended for placement in a residential treatment center for medical or psychiatric reasons and that child or youth attends a nonpublic special education school, the Maryland State Department of Education and the local school system will pick up the cost of the educational component of the residential treatment center placement. However, if a child or youth is recommended for placement in a residential treatment center for medical or psychiatric reasons and that child or youth does not attend a nonpublic special education school and does not need that intensity of service for educational reasons, parents have no option other than to seek voluntary placement of their child with the Department of Human Services—to give up physical custody of their child—in order to obtain approval for the funding for the educational costs of the placement that has been recommended for their child. This creates an inequitable system in which, depending on a child's school status, their family will remain intact or it will be disrupted by the intrusion of a local social services department into their lives. Senate Bill 656 is designed to remedy this inequity by ensuring that if a child or youth needs a residential treatment center placement for non-educational reasons, the education costs will be administered by the Maryland Department of Health instead of the Maryland Department of Human Services, thereby obviating the need for parents to give up physical custody of their children through voluntary placement with the Department of Human Services.

For these reasons, DRM supports Senate Bill 656. Please contact Leslie Seid Margolis, managing attorney, at lesliem@disabilityrightsmd.org or 410-370-5730 with any questions.

SB0656 Residential Treatment Centers_Funding_MHAMD

Uploaded by: Margo Quinlan

Position: FAV

Senate Bill 656 Children – Residential Treatment Centers – Education Funding

Senate Finance Committee

February 22, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. MHAMD and our Children’s Behavioral Health Coalition appreciate this opportunity to present testimony in support of Senate Bill 656.

SB 656 seeks to authorize certain local behavioral health authorities (LBHA) to approve funding for youths' educational costs incurred during admission to residential treatment centers when those youth are not in a non-public placement. It in essence shifts the approval process from Department of Human Services (DHS) to the Department of Health (MDH), and requests the funding for this be transferred as well. The sponsor amendments, which MHAMD supports, would request additional staffing be provided at MDH to support the administrative burden of the approval process.

Currently, many youths referred to residential treatment centers (RTC) who are not in a non-public placement are unable to access treatment due to burdensome education costs. Families are often forced to pursue a voluntary placement agreement (VPA) and enter into the child welfare system to circumvent this barrier, and youth end up stuck in hospitals waiting on RTC beds while families navigate the cumbersome and invasive VPA process. This all serves to create a backlog in the system and holds up in-demand treatment beds for youth.

Currently, the educational costs for these youth are paid for with state general funds¹ but only if the family enters into a voluntary placement agreement with DHS. This bill would create a simplified process for families other than the VPA process, and increases equity by eliminating these separate pathways for youth depending upon their child’s educational placement.

This bill streamlines processes for families, reduces inefficiencies in state government, and increases equity for youth accessing treatment. MHAMD supports the urging from families who are lifting up this barrier as a reason they’ve been unable to access treatment, and see SB 656 as a simple administrative change which will benefit youth in times of crisis. For these reasons, MHAMD urges a favorable report on SB 656.

¹ Maryland Department of Human Services (December 1, 2021). Annual Report on VPAs for Children and Young Adults. [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)

For more information contact:

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

SB 656 - NAMI - SUPPORT.pdf

Uploaded by: Moira Cyphers

Position: FAV

February 22, 2022

Senate Bill 460 – Consumer Health Access Program for Mental Health and Addiction Care – Establishment SUPPORT

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

Children and youth with mental health and substance use needs have fewer treatment options than adults in Maryland. And, some children who experience severe symptoms with their mental health condition may need a higher level of care than an outpatient programs can provide. They may require services that require observation and structured activities around the clock, which they are unable to receive living at home. Residential treatment facilities are one way to meet these needs.

Usually, children requiring this level of care have repeatedly demonstrated behaviors that have been difficult to manage and proven unsafe to themselves or others. In a residential treatment facility, they can receive intense comprehensive treatment and the necessary structure and supervision to keep them safe. Residential facilities provide security and restricted access to ensure the safety of the child, staff and visitors. Children can remain in these programs for several months, with the ultimate goal of returning home and reuniting with their families. Most programs have:

- Structured treatment plans and schedules that promote and reinforce healthy behavior
- Individual and group therapies
- Family involvement, including family therapy, which can increase the chances of a successful return to the home environment
- An academic component where children attend school either within the facility or nearby

The federal Individuals with Disabilities Education Act (IDEA) requires that a child with disabilities be provided a free appropriate public education in the least restrictive environment from birth. Children with severe mental health issues are already facing additional obstacles, and paying for what they are legally entitled to should not be a challenge. SB 656 is the first step towards ensuring that Maryland children can receive quality education alongside their mental health treatment.

For these reasons, NAMI Maryland asks for a favorable report on **SB 656**.

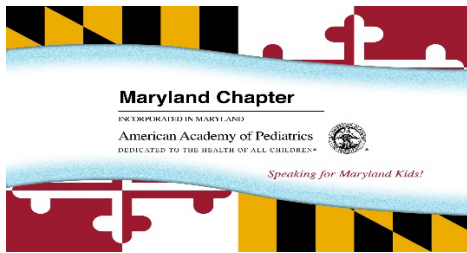
Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

SB0656_FAV_MDAAP_Children - Residential Treatment

Uploaded by: Pam Kasemeyer

Position: FAV



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
Christine K. Krone

DATE: February 22, 2022

RE: **SUPPORT** – Senate Bill 656 – *Children – Residential Treatment Centers – Education Funding*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for Senate Bill 656.

Senate Bill 656 authorizes a core service agency, local addictions authority, or local behavioral health authority, subject to the availability of funding in the State budget, to approve funding for a youth's educational costs during a residential treatment center (RTC) admission for medical or psychiatric purposes. Under current law, if a youth with an IEP has been approved for a nonpublic special education placement, educational costs in an RTC are covered by their local school system. However, if a nonpublic special education placement has not been approved for a youth with an IEP (i.e., the child has been receiving education in a public-school setting), the parents must undergo a Voluntary Placement Agreement (VPA) process and are obliged to pay child support. There has been a concerted effort to reduce the incidences of VPAs in recognition of the negative impacts on the child, family, and RTC, which often continues to cover a significant cost of a placement through a VPA. Passage of Senate Bill 656 provides a means to ensure a youth's educational costs are covered thereby eliminating a basis for a VPA. A favorable report is requested.

For more information call:

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

CPMC - SB656 - RTC Educational Funding - Support.p

Uploaded by: Regan Vaughan

Position: FAV

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.

Senate Finance Committee
SB 656 – Children-Residential Treatment Centers – Education Funding
Support

February 22, 2022

The Coalition to Protect Maryland's Children (CPMC) is a consortium of Maryland organizations and individuals formed in 1996 to promote meaningful child welfare reform. As SB 656 would allow youth to access intensive behavioral health services without child welfare involvement, CPMC urges a favorable report on this bill.

Preparing Maryland for a prosperous future begins with recognizing that our youngest residents must get what they need today to become the adults who will strengthen our communities and build our economy. Fortunately, what our youth need is not a mystery. Recent advances in the science of early childhood development tell us that the early years are a time when the brain is literally building itself from the ground up, in much the way a house is constructed. And, it is the relationships and experiences children have early in life that are the building blocks for the skills they need to remain healthy, and to succeed in school, in relationships, and in the workforce.

The child welfare system serves an important role in the care and protection of vulnerable children. However, children should only enter into it when absolutely necessary. Children should not have to enter the child welfare system simply because they need behavioral supports – we have a behavioral health system for that. Unfortunately, antiquated funding streams require some families to surrender physical custody of their children to the Department of Human Services in order for the youth to access treatment in a Residential Treatment Center.

Whether or not a child must use the child welfare system depends on whether the child has a non-public educational placement in their Individualized Educational Plan.

SB 656 seeks to fix this inequity. Children should be able to access the behavioral health treatment they need through the behavioral health system. Their educational services should not dictate the path they have to take.

Furthermore, families that are forced to surrender physical custody in order to receive educational funding are also obligated to pay child support based on their income. The child support is not for medical or residential costs – those are covered by the youth's insurance. Child support is levied simply because DHS is the funder of educational services.

For those reasons stated above we urge a favorable committee report on SB 656.

SB 656_CC_Vaughan_FAV.pdf

Uploaded by: Regan Vaughan

Position: FAV

SB 656
Children – Residential Treatment Centers – Education Funding
Finance Committee
February 22, 2022

Favorable

Catholic Charities of Baltimore supports SB 656 which would allow the local behavioral health authorities to authorize funding for educational expenses for certain children while they are in a residential treatment center.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For almost 100 years, Catholic Charities has operated programs that allow Marylanders to age with dignity, obtain empowering careers, heal from trauma and addiction, secure stable housing and welcome new neighbors. We recognize that children in need of high intensity behavioral health services should not have to enter the child welfare system in order to have their medical needs met.

Under existing law, families of adolescents who attend their community school (i.e. they do not have a non-public placement in their Individualized Education Plan) who are admitted to a residential treatment center (RTC) must enter into a voluntary placement agreement (VPA) in order for the state to cover the educational costs of the admission. The Department of Human Services then uses general funds to reimburse the RTC for educational costs while the youths insurance (private or public) pays for the medical costs.

The VPA process is a cumbersome process that is often used as a barrier to admission. Only about half of all VPA requests are approved. Parents are told that they are responsible for child support payments, that a home study will occur, and that they may have to go before a judge.

This is not a new role for the Local Behavioral Health Authorities (LBHA), it simply expands the cohort of children that they will serve. Children with nonpublic educational placements authorized in their IEPs and younger children who are admitted to St. Vincent's Villa (an RTC operated by Catholic Charities) already work through the LBHA's to meet the criteria for an RTC admission.

We recognize that this shift will result in additional responsibilities for the LBHAs. To address those concerns, we recommend a delayed effective date of July of 2023. This delay would provide time for BHA to work with the LBHA's to create policies and procedures and to evaluate staffing needs. Additionally, the sponsor has introduced amendments that clarify the Department of Health is responsible for the educational costs, not the locals, and that create a position at BHA to assist with the increased work.

Families should not have to surrender their child into the child welfare system in order to obtain health coverage for their child. It is incumbent upon this committee to stop this practice in our State. Catholic Charities of Baltimore appreciates your consideration and urges the committee to issue a favorable report for SB 656.

Submitted By: Regan Vaughan, Director of Advocacy

SB656_MARFY_FAV.pdf

Uploaded by: Therese Hessler

Position: FAV



February 22, 2022

**Senate Bill 656
Children – Residential Treatment Centers – Education Funding
Finance Committee**

Position: FAVORABLE

The Maryland Association of Resources for Families and Youth (MARFY) is an association of private child caring organizations providing foster care, group homes, and other services through more than 200 programs across Maryland. The members of MARFY represent providers who serve Maryland's most vulnerable children who are in out of home placements due to abuse, neglect or severe mental health, and medical needs. We operate group homes, treatment foster care programs and independent living programs, primarily serving the foster care population as well as the juvenile services population.

The success of Maryland's future begins with investing in our youngest residents and we must ensure that these residents and their families have the resources they need to become thriving members which contribute to our communities and our economy. Senate Bill 656 would remove a barrier to access for a child in need of behavioral therapeutic services imperative ensuring they can grow into healthy adults.

If passed, this legislation would authorize a core service agency, local addictions authority, or local behavioral health authority, subject to the availability of funding in the State budget, to approve funding for a youth's educational costs during a residential treatment center (RTC) admission for medical or psychiatric purposes. A residential treatment program is a 24 hour-a-day, year-round program that provides intensive help for children or youth with serious emotional, behavioral, or mental health needs.

The current antiquated funding streams require some families to surrender physical custody of their children to the Department of Human Services in order for the youth to access treatment in a RTC. Whether or not a child must use the child welfare system depends on whether the child has a non-public educational placement in their Individualized Educational Plan (IEP).

SB 656 seeks to fix this inequity. Maryland's youth and their families should be able to access the behavioral health treatment they need when they need it. Their educational services should not dictate the path they have to take.

It is for these aforementioned reasons, that we politely ask for a FAVORABLE report on Senate Bill 656. Thank you.

For more information call or email:

Therese M. Hessler | 301-503-2576 | therese@ashlargr.com

SB 656 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



February 17, 2022

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

RE: Support – SB 656: Children – Residential Treatment Centers – Education Funding

Dear Chairman Kelley and Honorable Members of the Committees:

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 strive 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.

MPW/WPS supports Senate Bill 656: Children – Residential Treatment Centers – Education Funding (SB 656). Ensuring means for covering educational costs for children in need of residential treatment centers (RTCs) care is critically important. Currently, coverage of educational expenses serves as a significant barrier to admission into an RTC for many. Lead agencies, namely the Department of Social Services (DSS) and the Department of Juvenile Services (DJS), often have to be involved to ensure that educational costs are covered. As a result, children who do not have involvement from either of these agencies but require RTC care face additional hurdles to access treatment.

Currently, the means of doing so is requesting that parents/guardians pursue a Voluntary Placement Agreement (VPA) to place their children in the care of DSS to facilitate admission. However, executing a VPA is challenging and intimidating for parents, and the process is often prolonged, leading to long delays in possible admission. If coverage of education costs is guaranteed, this hurdle would be eliminated, resulting in easier access to care.

MPS/WPS, therefore, ask this committee for a favorable report on SB 656.

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

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

SB656_SponsorAmendment

Uploaded by: Senator Klausmeier

Position: FWA



SB0656/353920/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

22 FEB 22
11:35:07

BY: Senator Klausmeier
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 656
(First Reading File Bill)

On page 6, strike beginning with “**SUBJECT**” in line 1 down through “**BUDGET**” in line 2 and substitute “**USING GENERAL FUNDS APPROPRIATED TO THE DEPARTMENT**”; in line 16, after “for” insert “;

(1)”;

and in line 17, after “Act” insert “; and

(2) hiring one full-time staff in the Department to support local behavioral health authorities, as defined in § 7.5–101 of the Health – General Article, with coordinating youth placements in residential treatment centers”.

SB656 MoCoDHHS- (GA2022)_.pdf

Uploaded by: Leslie Frey

Position: INFO



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 656

DATE: February 22, 2022

SPONSOR: Senator Klausmeier

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey

(leslie.frey@montgomerycountymd.gov)

POSITION: Informational (Department of Health and Human Services)

Children – Residential Treatment Centers – Education Funding

Senate Bill 656 would authorize a Local Behavioral Health Authority (LBHA), Core Service Agency (CSA), or local addictions authority to approve funding for a youth's educational costs incurred while admitted to a residential treatment center for medical or psychiatric treatment. Currently, these entities may only approve funding for non-educational costs incurred during admittance at a residential treatment center; the educational costs are approved by the local education agency.

This bill seeks to provide an alternative pathway for a youth to be admitted to a residential treatment center outside of the current process that requires some families to enter into a Voluntary Placement Agreement (VPA) with the State Department of Human Services (DHS). For the families and children whose circumstances Senate Bill 656 seeks to address, the child would not have received an Individualized Education Program (IEP) from their school indicating that a residential treatment center level of care is necessary. By permitting LHBAs, CSAs and local addictions authorities to authorize the education costs incurred during residential treatment, this bill as written appears to eliminate the need for involvement of a child's school and State's Department of Human Services case worker, putting the LHBAs, CSAs and addictions authorities in the position of evaluating a child's need for this intensive level of treatment potentially based on the recommendation of *only* the child's psychiatrist. This alternate path to accessing the residential treatment center level of care would increase inequity for youth with an IEP, whose global mental health issues impact their educational functioning and who have experienced years long, progressively restrictive educational placements before they are approved for admittance into a residential treatment center. It is important that Senate Bill 656 include an equitable process for psycho-educational and psychiatric evaluations to avoid this inequity.

The Montgomery County Department of Health and Human Services (MCDHHS) houses the County's LBHA and would be impacted by Senate Bill 656. The process created by this bill for a child to enter residential treatment places the LBHA in a position to approve an intensive treatment setting for a child without information and perspective from different sources other than the child's psychiatrist. Also, as written, the bill raises the questions of which entity is obligated to fund the educational costs if approved by an LBHA, CSA or local addictions authority and what is the funding source for those costs. MCDHHS believes the role and responsibilities of an LBHA, CSA and addictions authority in approving educational costs incurred in residential treatment centers should be further defined and provided for in the bill.

While MCDHHS is greatly sympathetic to the difficult circumstances this bill seeks to address, it is not clear that LHBAs are the appropriate entity to be responsible for approving a youth's educational costs incurred during admittance to a residential treatment center without the input and oversight currently provided by the local education agency and DHS. MCDHHS' LBHA does not provide direct services to residents and under Senate Bill 656 this would cause youth and families to lose the assessment, triage, ongoing support of treatment, reunification, and clinical case management functions currently provided by DHS. MCDHHS would be supportive of amendments to the bill to provide those supports through means other than the VPA process, but as written, those supports would be lost through the process provided for in the bill. We respectfully request the Committee to consider alternative means by which to address the challenges faced by families who are asked to enter VPAs in order to navigate their child's mental health treatment needs.