

# **SB 255\_Alisa Shaefer\_Fav.pdf**

Uploaded by: alisa schaefer

Position: FAV

## Schaefer Testimony for MCF

In 2007, I graduated with a PhD in brain science. I had spent the last 6 years of my life understanding how a brain develops, what harms it, and testing ways to fix it. One of my hypotheses is that I could use embryonic stem cells to fix the damaged brain (in ferrets). This was a hot button political issue, which led me to Capitol Hill to speak to legislators about the science.

By the time I graduated, I was mom to two beautiful girls, accepted into a prestigious science policy fellowship program in DC and ready to have my third child.

This is the child, that taught me, for all my skills, expertise and knowledge about the brain, and how to advocate, I was lost, exhausted and fighting a system that felt impossible to navigate. How could someone like me, a consummate advocate for my child, get nowhere in spite of hours a week, week after week, month after month, year after year, attempting to get my child the services he needed to address his behavioral issues stemming from a mental health diagnosis, fail? It was impossible to hold a team together, therapists were leaving their practice faster than the season's change. The waitlist for psychiatrists was extensive. When we did get a psychiatrist, she was late or never showed up for the appointment. The therapist never bothered to speak with the psychiatrist. The psychiatrist never met with the pediatrician. This was in spite of my arranging appointments for the providers to speak to one another and work as a team.

By the time my child turned 13, he had been emergency petitioned by the county's mobile crisis social workers several times. This meant my young boy, while cuddling his emotional support dog, was handcuffed, and put in the back of a police car to be transported to the ER. This was traumatic for him and he hated me for it. It made him angrier, not better! We sat in the ER for days, missing school, missing work, and most of all, missing my girls, who were waking up alone, and going to sleep alone, while I spent 15 hours a day by my son's bedside. The psychiatric treatment facility did little to improve the situation. I spent 4-5 hours a day taking him to and from the partial hospitalization program, exhausted, fighting traffic jams, trying to stuff work and parenting into the few remaining hours a day. My heart was broken, my contribution to society as a brain scientist was losing ground, and my girls were being deprived of time with their *mama*.

Everyone knew my son was struggling. The pediatrician said, "he's my most labile patient". The psychiatrist said, "this is my most difficult case". Despite their concerns, no one seemed to know what to do, how to work as a team or how to support the family. My girls were suffering; one became suicidal, and the other was having panic attacks.

Everyday, became another game of whack-a-mole, with me trying to prevent the train from coming off the tracks, clearly stating the need, and coming up empty handed, over and over again.

In February of 2022, I spoke to a friend, who put me in touch with a mom, who had used an educational attorney to support her child's needs. I reached out to the attorney, and he was the first person to share with me the Montgomery County services that could help my child. It's unfortunate that the pediatrician, therapist, psychiatrist, Suburban Hospital or Dominion Family Case Manager had no

knowledge of the program. I filled out the forms and an angel came to my house. This was Ms. Grey from the Interfamily Preservation Services of YMCA. This was the start of wrap around services via Montgomery County that allowed me to breath again. She met all three children; she asked my son questions, and she understood our needs. I finally felt supported, she too set about to find a therapist, talk to my son when he was at his worst instead of emergency petitioning him. She got him a male mentor. A tough on the outside, kind, and warm on the inside fellow. The mentor moved the needle. He taught my son real life lessons. My son was heard, validated, and respected. Not handcuffed, transported, and stuck in an ER Day in and day out.

Understanding my son's needs, Ms. Grey made the recommendation for wrap around services. In August of 2022, we received the support of wrap around services via a community social services agency known as JSSA, that is in charge of providing wrap around services on behalf of the county. The case manager from JSSA was another earth angel- Mildred Mends. She came to the home, went to his school and continued to advocate for the services my son needed. This included keeping the same mentor for my son which was invaluable for his stability and wellbeing. Finally, I had someone that could allow me the bandwidth to put in an 8-hour day that my job required. With Ms. Mends support, my son did not need another emergency petition.

Every child in the state deserves the outreach to stay in the home when possible. These children do not belong in the ER, missing school, parents missing work, siblings being left alone and lifelong memory of being treated like a complete failure.

Constituents of this state: should not feel overwhelmed, exhausted, and denied the support they need- their careers and families suffering, because the state's policymakers were not willing to provide in home services that many families deserve. I urge our legislature to consider these in home services as a basic human right.

Maryland Legislature should pass HB 322/SB 255, to improve the Targeted Case Management and 1915(i) programs to fund wrap-around services for children like my son.

**SB 255\_Maryland Coalition of Families\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV



## SB 255 – Public Health – Home- and Community-Based Services for Children and Youth

**Committee: Senate Finance**

**Date: February 14, 2023**

**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 challenge.

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MCF strongly supports SB 255.

SB 255 takes a number of steps to improve home-and community based services for children and youth in Maryland. First and foremost, it would restore the delivery of high-fidelity Wraparound, which Maryland had until 2016. What is high-fidelity Wraparound? It is the gold standard of care for children and youth with more intensive mental health needs. It is an evidence-based practice, and like all evidence-based practices, it needs to be practiced with fidelity to the model in order to produce the desired outcomes.

High-fidelity Wraparound is essentially a model of providing care coordination. At its heart, it presupposes that caregivers and children know best what they need to be successful, so plans of care should be **family driven and youth guided**. The child and their family members work with a Wraparound facilitator to build their Wraparound team, which can include extended family members and friends, as well as various providers of services and supports.

With the help of the team, the family and child develop a Plan of Care which is to be completely **individualized**, with services and supports that will help them achieve their goals. Team members work together to put the Plan of Care into action, **monitor** how well it is working, and **change it as needed**.

In Maryland, the Targeted Case Management (TCM) and 1915(i) programs were instituted in 2014 with the goal of providing wraparound services through a Medicaid State Plan

Amendment, so that the services would be Medicaid-reimbursable. Unfortunately, these programs have not been working very well for a variety of reasons:

- Rates are insufficient for the delivery of high-fidelity Wraparound, resulting in inadequate training and high turnover of Care Coordinators, and a failure to assess how well services are being provided with fidelity to the Wraparound model. The programs can sometimes be little more than watered down, cookie-cutter, care coordination.
- The eligibility bar has been set very high. Previously, a youth had to have three inpatient hospitalizations in the last year to be eligible for TCM Level 3 or the 1915(i). Eligibility was recently reduced to two inpatient hospitalizations or emergency department visits, but this is still too high.
- Rates to provide evidence-based practices for youth in the 1915(i) have been prohibitively low, so evidence-based practices, such as Family Centered Treatment and Functional Family Therapy, are not being used.

**SB 255 would address these issues.**

In addition, in order to develop successful Plans of Care, families must have access to flexible dollars to fund items that are not Medicaid-reimbursable. Things such as martial arts classes for a child with low self-esteem, art therapy for children who are having difficulty expressing themselves, tutoring for youth who are struggling in school, and equine therapy for children who have suffered trauma. When rolling out the TCM and 1915(i) programs, BHA recognized this need for flex funds to fund “Customized Goods and Services,” and made a commitment to finding dollars for this. These dollars have been variable, however, and in some years have come close to running out. **SB 255 would set in the budget fixed funds for Customized Goods and Services**, which are key to developing individualized Plans of Care.

Before 2016, when Maryland did have a high-fidelity Wraparound program (paid for with federal grant dollars and state general funds), 300-400 children and youth/year were served. When the MDH developed its State Plan Amendment for the 1915(i), they projected that 200 children and youth/year would be served. The numbers have been significantly lower than this, running between 10 and 40 children and youth/year. In part because the eligibility bar was set so high, but also because the rates have been so low that the services that were supposed to be offered are not being provided:

- Intensive in-home service providers in some places are covering wide areas and so they are providing services virtually. This is not intensive in-home.
- Mobile crisis services, which were supposed to be part of the 1915(i) service array, were removed from the list and are no longer offered.
- There aren't enough respite service providers. Many families can't access the service.
- There are no providers of experiential therapies.

Therefore families have been told not to bother applying for the 1915(i), since there would be little or no benefit to them.

The consequences of not offering a robust community-based services program are many. Youth are unnecessarily going into institutional placements, and then get stuck there. Kids are stuck in emergency departments for days or weeks or even months because there is no place to send them. Kids are stuck in hospital psychiatric inpatient units because an adequate discharge plan cannot be developed. Kids are stuck in residential treatment centers because they too cannot access an adequate discharge plan. Maryland has been relying on costly non-community based settings as a consequence of not adequately addressing the problems with the 1915(i).

SB 255 would begin to address some of the many problems with the 1915(i) and TCM programs. Therefore we urge a favorable report.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
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# **SB255 - Johns Hopkins - Support.pdf**

Uploaded by: Annie Coble

Position: FAV



**TO:** The Honorable Senator Melony Griffith  
Finance Committee

**FROM:** Annie Coble  
Assistant Director, State Affairs

**DATE:** February 14, 2023

**RE:** SB255: Public Health - Home- and Community-Based Services for Children and Youth

Johns Hopkins is pleased to support **SB255 Public Health – Home – Community Based Services for Children and Youth**. This bill expands reimbursement for wraparound services delivered to children and youth under the 1915(i) model or mental health case management program.

Johns Hopkins has a long history of, and a substantial commitment to, providing behavioral health services to Marylanders throughout the State. Our nationally ranked department of psychiatry treats a higher percentage of medically compromised psychiatric patients than any other hospital in Maryland. Our Division of Child and Adolescent Psychiatry and Institute for Brain Protection Services Center for Behavioral Health are devoted to meeting the behavioral health needs of our young patients through a multidisciplinary approach to the assessment, treatment, and study of pediatric mental disorders.

Wraparound care provides children and youth with collaborative, family-driven services and supports to address complex behavioral health needs. When provided with this model of care, children and youth are more likely to stay in their homes and communities while receiving services for their behavioral needs.

As this committee is well aware, there is a hospital bed capacity crisis in Maryland. Accordingly, investing in community-based services, such as these, provides a reasonable alternative for treatment and care for these complex patients. This model has the potential to create a solution that limits extensive hospitalizations, reduces costs to the State, and mitigates the growing need for out-of-home placements for children.

SB255 has the potential to significantly increase the availability of comprehensive behavioral health services for children and youth in Maryland, while simultaneously benefitting hospitals and the State. Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB255**.

**SB 255\_Bethany Dame\_Fav.pdf**

Uploaded by: Bethany Dame

Position: FAV

## **SB 255**

# **Public Health – Home- and Community-Based Services for Children and Youth**

**Senate Finance Committee**

**February 14, 2023**

**SUPPORT**

I strongly support SB 255.

I live in North Potomac, MD and am the mom of two adopted, mentally ill children – Anabel (9) from Florida and Sam (14) from Colombia.

Sam struggled with mental illness and physical and verbal aggression towards my husband and myself before the COVID-19 pandemic, but his symptoms only intensified during the course of 2020 to the point that he was in and out of a psychiatric hospital and eventually placed in residential treatment from March 2021 through November 2021.

Following residential discharge, we were very lucky that Sam immediately transitioned to the Sheppard Pratt Care & Connections short-term program. The Sheppard Pratt team worked hard to get Sam into the Targeted Case Management (TCM) program because **they knew that we needed long-term support and they thought that support could come through TCM, but I can tell you it has not.**

My family felt all alone with a child who still struggles with significant mental illness after the Sheppard Pratt Care & Connections program ended, and we were left with just TCM.

We thought we were fortunate to get one of the 50 slots of TCM for families with a child who is not Medicaid-eligible. We were wrong.

There were services and resources that we were told we'd have access to as part of TCM – which has turned out not to be true.

The director of our county's TCM program told us that we'd have a care coordinator to serve as an ongoing resource. We have not! I can count on one hand the number of times that I have spoken to that care coordinator in the course of the past year, and she has definitely not served as a resource or support.

We were told that they would be able to provide in home therapy and support, something that is impossible to get with our private insurance. After entering the program, we learned that

they could NOT provide that and, in fact, no therapeutic services have been provided to us at all.

The provider of TCM for my county has provided nothing of value for our family and has left us to navigate the maze that is the mental health care system by ourselves.

We are all alone and that should not be the case in a state like ours. There needs to be an intermediate level of care for families like mine – TCM needs to be strengthened.

I urge you to pass SB 255.

**Bethany Dame**  
**11434 Flints Grove Lane, North Potomac, MD 20878**  
[bethdame@gmail.com](mailto:bethdame@gmail.com)  
**202-270-5699**

# **MC Federation of Families Testimony in Support of**

Uploaded by: Celia Serkin

Position: FAV



Montgomery County Federation of Families for Children's Mental Health, Inc.  
Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904  
301-879-5200 (phone number) 301-879-0012 (fax number)  
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**Senate Bill 255 Public Health - Home- and Community-Based Services for Children and Youth**  
**Senate Finance Committee**  
**February 14, 2023**  
**TESTIMONY IN SUPPORT**

My name is Celia Serkin. I am Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc., a family support organization providing family peer services, family navigation, group support, education, advocacy, and recovery coaching to help parents and other primary caregivers who have children, youth, and/or young adults with behavioral health challenges (mental health, substance use or co-occurring disorders). Montgomery County has funded a wraparound program focused on ensuring fidelity to the practice model of care coordination for over a decade and a half. For over 15 years, we have provided family peer support to parents and other primary caregivers in Montgomery County who received or are currently receiving wraparound. Our Certified Family Peer Specialists, who are parents with lived experience raising children with behavioral health challenges, work with Care Coordinators from JSSA (Jewish Social Services Agency), the organization that manages and delivers our county's wraparound program.

**The Montgomery County Federation of Families for Children's Mental Health, Inc., is pleased to support SB 255 Public Health - Home- and Community-Based Services for Children and Youth,** requiring the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in-home, and case management services; requiring the Governor to include in the annual budget bill certain appropriations to fund certain behavioral health services and supports; and generally relating to home- and community-based services for children and youth.

**We support SB 255 because it will allow many families with children or youth having intensive and complex behavioral health challenges, including those at risk of at-of-home placement, to access High-Fidelity Wraparound, the gold standard evidence-based practice for this level of care.** Prior to 2016, Maryland had a High-Fidelity Wraparound Program that was readily available to children and youth with intensive and complex behavioral health challenges and their families across Maryland. The program served 300 – 400 children/youth per year and had impressive outcomes, including reductions in inpatient hospitalization and residential treatment. These positive outcomes were the direct result of the delivery of High-Fidelity Wraparound, which was well monitored and evaluated. Both MCF and our family support organization provided family peer support to families enrolled in the state-funded High-Fidelity Wraparound Program. The Institute for Innovations and Implementation, which at that time was at the University of Maryland, trained Care Coordinators from the Care Management Entities that managed the High-Fidelity Wraparound Program and Family Support Partners from MCF and our family support organization. It also conducted research and evaluation. Fidelity to practice was closely monitored.

Research evinces that to get the desired outcomes, Wraparound must meet fidelity. In his article *Wraparound is Worth Doing Well: An Evidence-Based Statement*. Eric Bruns, Co-Director, National Wraparound Initiative, and Associate Professor, University of Washington School of Medicine, writes,

So, what does it mean to “do wraparound well”? Obviously, the research summarized... suggests that implementation with fidelity to the prescribed practice model is critical. As has been described in multiple research articles and program descriptions (e.g., Walker & Bruns, 2006; Walker & Matarese, 2011), these practice-level elements must be in place for wraparound to live up to its theory of change and represent the well-coordinated, youth- and family-driven, multisystemic strategy that it is intended to be.

To achieve high-quality practice, system and program supports must be accounted for into the initiative. According to implementation science, the three big implementation drivers to keep in mind are Leadership, Workforce Development, and Program and System Support. (Bruns, E. (2015). *Wraparound is worth doing well: An evidence-based statement*. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative.)

In 2016, the administration dissolved the High-Fidelity Wraparound Program, which had been achieving excellent outcomes, and implemented care coordination programs through the Targeted Case Management and 1915(i) programs, which are significantly inferior to what had been provided. Due to the high eligibility requirement, only 10-40 children Maryland’s youth annually have been enrolled in the program intended to replace the previous High-Fidelity Wraparound Program. This ushered in the disintegration of a finely tuned system of care and has fueled the adolescent hospital overstay crisis and soaring demand for residential treatment placements over the past few years.

Maryland’s youth and families deserve the gold standard evidence-based practice of care coordination that can sufficiently meet their needs. **The Montgomery County Federation of Families for Children’s Mental Health, Inc. urges this committee to restore and expand High Fidelity Wraparound by passing SB 255.**

**SB 255.pdf**

Uploaded by: Chloe Perez

Position: FAV





Hearts & Homes for Youth, Inc.  
3919 National Drive, Suite 400  
Burtonsville, MD, 20866  
301-589-8444

Senate Bill 0255  
Public Health-Home-and Community Based Services for Children and Youth  
Finance Committee  
February 14, 2023  
**Testimony in Support**

I represent Hearts and Homes for Youth, a non-profit since 1964 providing multi services to children and families in the child welfare system. We have seen child welfare resources dwindle significantly over the years causing concern about the future of our most vulnerable population in Maryland.

There is a mounting crisis in the child welfare system including a lack of available beds and adequate services for our youth who are most difficult to place. We relied on sending kids out of state and when we brought them back home, we did not have programs that could meet their needs and thus we see teens languishing in DSS offices, hotels and significant overstay at hospitals which has become a crisis in the community. Not only is this detrimental to our young people and their families, but it causes unnecessary extensive costs for the state ultimately for placements that are not actually providing the needed services for our youth.

To combat this issue and prevent it from increasing, we need better intensive care coordination and high intensity services for families in the community. Resources that existed previously have diminished such as 1915i without a sufficient resolution. The services that are provided by agencies are not properly funded and compromise their sustainability. While there is a price tag associated with this bill, it is far less than hospital or RTC stays and will work towards prevention with the goal of reducing the number of youths in out of home placements.

If we do not pass this bill amongst others aimed to keep families intact and in their homes with therapeutic wraparound services, we are going to see an epic decline of the safety and well-being of our young people and families in Maryland. This alone will devastate communities and ultimately cost the state dollars versus investing in prevention services. For these reasons, **Hearts and Homes for Youth asks the committee to pass SB 255.**

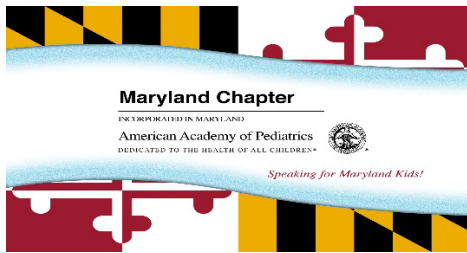
Respectfully submitted,  


Chloe Bernardi, LCSW-C, LICSW  
President/CEO

# **SB0255\_FAV\_MDAAP\_PH - Home- and Community-Based Se**

Uploaded by: Christine Krone

Position: FAV



TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Katie Fry Hester

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

DATE: February 14, 2023

RE: **SUPPORT** – Senate Bill 255 – *Public Health – Home- and Community-Based Services for Children and Youth*

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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 255.

Senate Bill 255 would require the Maryland Department of Health to expand access to and provide reimbursement for certain behavioral health collaborative care, case management, and wraparound services. The Bill would also require the Behavioral Health Administration to fund 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not eligible for program services.

MDAAP supports expanded access to high fidelity wraparound services for children and youth with high intensity behavioral health needs. High fidelity wraparound services use an individualized, team-based, collaborative process to provide a coordinated set of services and supports targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families. Throughout the process, youth and their families work with a care coordinator who facilitates and coordinates efforts of the wraparound team. The care coordinator further helps the family navigate planned services and supports, including informal and community-based options; and tracks progress and satisfaction to revise the plan of care as needed. Pairing home- and community-based services, (i.e., high fidelity wraparound services) helps identify and treat mental illness sooner, de-escalating the problem before it reaches the crisis stage. This approach brings us closer to ending the cycle in which kids end up in an emergency department (ED) bed, return to the community, destabilize, and then return to the ED again. MDAAP urges a favorable report.

# **SB 255 - Public Health Home and CommunityBased Se**

Uploaded by: Erin Dorrien

Position: FAV



Maryland  
Hospital Association

February 13, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 255 - Public Health - Home- and Community-Based Services for Children and Youth

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 255

One in six children in the U.S. are diagnosed with a mental, behavioral, or developmental disorder. Many of these children lack access to services and resources they need to function each day. Maryland hospitals and other health care partners continue to work tirelessly to deliver essential inpatient and outpatient care for Maryland youth.

SB 255 incorporates vital improvements to the existing model for behavioral health care in Maryland. In particular, the bill provides reimbursement for essential wraparound services delivered by care coordinators. SB 255 also requires reimbursement for intensive in-home services, family therapy, and other family-centered treatments. These provisions ensure access to often inaccessible, but much needed, behavioral health services.

Finally, SB 255 requires the Governor to set aside funds in the annual budget to support mental health and behavioral health services for youth. By expanding eligibility criteria and allocating funds for these services, children will be afforded treatment early on and will maintain treatment stability as they grow into adulthood.

With the help of SB 255, hospitals and health systems can collaborate to positively transform the existing behavioral health landscape for Maryland's youth.

For these reasons, we request a *favorable* report on SB 255.

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

**SB0255.pdf**

Uploaded by: Jonathan Dayton

Position: FAV



**Statement of Maryland Rural Health Association (MRHA)**

To the Senate Finance Committee

Chair: Senator Melony Griffith

February 14, 2023

***Senate Bill 255: Public Health - Home- and Community-Based Services for Children and Youth***

**POSITION: SUPPORT**

Chair Griffith, Vice Chair Klausmeier and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 255, Public Health - Home- and Community-Based Services for Children and Youth.

MRHA believes that all Maryland youth deserve access to affordable and convenient mental and behavioral health services. In Maryland, the percentage of children between 3 and 17 that experienced either anxiety or depression increased 36% from 2016 to 2020.<sup>1</sup> Of all Maryland youth that experienced at least one major depressive episode in the last year, 44.7% did not receive care.<sup>2</sup>

By supporting this bill, and expanding access to mental and behavioral health services, all youth can live their healthiest lives.

*Sincerely,*

*Jonathan Dayton, MS, NREMT, CNE, Executive Director*

*jdayton@mdruralhealth.org*

1. The Annie E. Casey Foundation. (2022). (rep.). 2022 KIDS COUNT® DATA BOOK STATE TRENDS IN CHILD WELL-BEING. Retrieved February 6, 2023, from <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>.

2. Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

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<sup>1</sup> The Annie E. Casey Foundation. (2022). (rep.). 2022 KIDS COUNT® DATA BOOK STATE TRENDS IN CHILD WELL-BEING. Retrieved February 6, 2023, from <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>.

<sup>2</sup> : Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

# **SB 255 JSSA Testimony.pdf**

Uploaded by: Joseph Wilson

Position: FAV





**Senate Bill 255 Public Health - Home- and Community-Based  
Services for Children and Youth  
Senate Finance Committee  
February 14, 2023  
TESTIMONY IN SUPPORT**

I am Joseph Wilson, LCSW-C , Senior Director of Mental Health Services, JSSA (Jewish Social Service Agency). I am testifying in support of SB 255. I've spent the last 25 years of my career working to advance the principles and practices of high-fidelity wraparound at the local, state, and federal levels.

JSSA is a nonprofit nonsectarian 501(c)(3) health and social wellness organization serving the National Capital Region. Founded in 1894 to help Jewish immigrants, our mission today is to empower individuals and families to enhance well-being across all ages and stages of life. JSSA helps individuals surmount life's many challenges, including mental health concerns, obstacles to employment, and aging-related issues.

JSSA's leadership team and direct service staff have extensive experience in Systems of Care work at the local, state and national levels, and as an organization we have incorporated the principles and values of high-fidelity wraparound into daily practice. In addition, our staff has successfully monitored, evaluated, and delivered the wraparound model locally and in other communities and understand the nuances of implementing this model of care.

For the last three years, JSSA has served as a partner to the local management board in Montgomery County facilitating the wraparound process for youth and families referred by the Local Care Team. JSSA developed two programs, *Bridges to the Future* and *Wraparound Montgomery*, both of which served individuals and families utilizing an SOC-informed, strengths-based, team-based wraparound approach. For the duration of program operations (15 months), Bridges to the Future served a total of 52 young adults, providing system navigation, individualized supports, and a facilitated wraparound process. Since FY19, Wraparound Montgomery has served over 150 children and adolescents and their families assisting them in maintaining themselves in their communities.

SB 255 requires the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in-home, and case management services; requiring the Governor to include in the annual budget bill certain appropriations to fund certain behavioral health services and supports; and generally relating to home- and community-based services for children and youth.

Fully funding the implementation of high-fidelity wraparound practice is critical in meeting the increasing high intensity needs of children youth and families for many reasons, not the least of which is that doing so creates a human service delivery system that serves individuals

HUMANELY. Research shows that one reason individuals 'cycle' through service delivery systems is because the 'system' doesn't understand them, doesn't develop a genuine interest in their challenges, or acknowledge that those in need of assistance are anything other than recipients of pre-determined services (regardless of whether or not those services actually HELP the individual!). This kind of service utilization leads to less effective outcomes for individuals, agencies, and the community AND costs more money. Utilizing a high-fidelity wraparound approach to address the needs of children and families allows for a much more effective and efficient approach to providing better outcomes for everyone by:

- Engaging with children, youth and families as PARTNERS in their care.
- Promoting shared accountability for outcomes
- Maintaining children and families in their community and reducing healthcare and social service delivery costs
- Promoting health equity (every child and family participate in the SAME process to identify and prioritize needs)
- Reducing the frequency and duration of emergency room visits by creating and maintaining alternative care pathways to address crisis events.
- Providing better outcomes as the result of team-based, strengths-based process

SB 255 will help families who have children and/or youth with behavioral health challenges by:

- Ensuring that care coordinators delivering services under the 1915(i) model or a mental health case management program receive training in the delivery of services using a high-fidelity wraparound model.
- Restoring Maryland's High-fidelity Wraparound Program
- Ensuring children with complex needs can be treated in their homes and in the community through effective programming.
- Expanding eligibility to ensure all children who are Medicaid-eligible will be able to receive services under these programs.

This bill will provide:

- Children with significant mental health needs with specialized care coordination. High-Fidelity Wraparound is the gold standard evidence-based practice for this level of care.
- Children, families and communities with better outcomes including reductions in inpatient hospitalizations and admissions to residential treatment.
- Stakeholder agencies and professionals with training, support, and supervision in a model of care coordination that is evidence-informed and promotes shared accountability for better outcomes. Supervision and training of Care Coordinators has declined.
- A better solution to the current approach, (the 1915 (i) program) which has failed to adhere to the high-fidelity wraparound model, limited the number of youth due to inappropriately set eligibility criteria, and as a result fueled the adolescent hospital overstay crisis and created soaring demand for residential treatment placements.

- Eligibility requirements have been set very high – **only 10-40 children/year** have been enrolled in the program intended to replace the previous intensive level of care.

**For these reasons, JSSA urges this committee to pass SB 255.**

**SB0255\_CC\_Keegan\_FAV.pdf**

Uploaded by: Kevin Keegan

Position: FAV



**Senate Bill 255**  
**Public Health – Home and Community Based Services for Children and Youth**

Finance Committee

February 14, 2022

**Support**

Catholic Charities of Baltimore supports SB 255 which would increase the availability of behavioral health wraparound services for Maryland's children.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors. We recognize the importance of meeting the behavioral health needs of youth in the community before a residential placement or hospitalization is needed.

High-fidelity wraparound is the gold standard for treating youth with behavioral health needs as it coordinates an array of community-based services to the family and child that greatly enhance the chances of a child NOT needing to be placed out of the home. Our children's behavioral health system currently has two programs that provide wrap around services, Targeted Case Management (TCM) and the 1915(i). Despite efforts to create strong programs a decade ago, adjustments to the programs in recent years have left them fledgling. The stringent eligibility criteria result in children being accepted into the programs after the point where they would be effective. By the time their child qualifies, the families are often in crisis. This has led to under enrollment in some cases.

Furthermore, the programs are unable to deliver key evidence-based practices because the rates discourage provider participation. To sustain an evidence-based practice, there are additional training costs particularly for new staff. The current rates do not account for those costs. Moreover, providers offering the same services under a DJS or DHS contract are reimbursed at a much higher rate. This has led to a reduction of providers participating in TCM and the 1915(i) even though they are already offering the services in the state.

If we truly want to create a system of care for Maryland's children and youth that responds to their behavioral health needs in the community and avoids costly out of home placements, we must invest in high intensity community-based services like TCM and the 1915(i).

**For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 255.**

Submitted By: Kevin Keegan, Division Director, Family Service

**SB255 HCBS for Children & Youth FINAL.pdf**

Uploaded by: Lauren Grimes

Position: FAV



## **SB 255**

### **Public Health- Home and Community-Based Services for Children & Youth**

Senate Finance Committee

February 14, 2023

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of adults and children in Maryland. Our 108 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.

CBH strongly supports SB255.

Historical context is helpful in understanding how Maryland got here. “Here” being a 46% increase in youth being treated in emergency rooms for suicide attempts and self-harm. “Here” being youth stuck in hospitals for weeks and months without an appropriate placement or treatment for safe discharge. “Here” being hotel rooms used to house children in state custody. These are symptoms of a larger problem caused, in large part, because home and community-based services for children with intensive needs in Maryland have atrophied over the past 8 years and help is arriving too late.

#### **Access Barriers**

Children with intensive mental health needs require specialized care coordination. High-fidelity Wraparound is the evidence-based practice for this level of care. Studies demonstrate that outcomes for youth receiving wraparound services are better than those for youth receiving a standard array of services. Maryland operated a High-fidelity Wraparound program with impressive outcomes including reductions in inpatient hospitalization and residential treatment. But in 2016, the Hogan administration dissolved both the specialized care management entity and the Wraparound program it administered. Its successor program, the 1915(i) diversion program, has been plagued by challenges since its inception. Strict eligibility criteria as well as low reimbursement rates, has meant that this program served between 11 and 34 children annually between FY19 and FY21. This is a small fraction of the 300 high-needs children served by previous entity.

#### **Low Reimbursement Rates**

One CBH member who previously delivered the intensive in-home service had to close their program because the cost to deliver the service far exceeded what they were reimbursed. Another provider delivers the same service funded by the 1915(i) program under a Department of Human Services contract, at a reimbursement rate 33% higher than the Medicaid rate. This means that the provider can offer the service to only children in state custody, not those *at risk* of removal from the home.

#### **Missing Services**

Under the 1915i, children are eligible to receive expressive and experiential therapies including equestrian and art therapy, but there has not been a single provider approved by MDH to deliver these services for several years and they have remained inaccessible to children approved for 1915i services. Originally, the service array under the 1915(i) also included mobile crisis services, but these services were and are still not regionally accessible. The 2018 SPA re-write removed mobile crisis response from the service array.



### **Help Arrives Too Late**

Providers report that some of the children referred to the 1915(i) are already on a waitlist for a residential treatment placement, meaning that the 1915(i) service is being offered to families when they may already be beyond the ability for it to help. A diversion program must be accessible to children and families before residential

and inpatient levels of care are needed. An effective statewide approach to care coordination delivered under the best practice Wraparound model would better ensure that children access the right level of care at the right time.

This bill makes a significant first step in rebalancing behavioral healthcare for children in Maryland and ensuring that children with intensive needs can be adequately treated in their homes and communities when it is safe to do so, as is their right. We urge a favorable report on SB255.

*For more information contact Lauren Grimes, Assistant Director, at [lauren@mdcbh.org](mailto:lauren@mdcbh.org).*



# **MHAC Testimony in Support of SB 255.pdf**

Uploaded by: Leslie Frey

Position: FAV



## Montgomery County Mental Health Advisory Committee

**February 14, 2023**

**Written Testimony in Support of SB 255**

Senator Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

Dear Senator Griffith:

The Montgomery County Mental Health Advisory Committee (MHAC) is pleased to support **Senate Bill 255 Public Health - Home- and Community-Based Services for Children and Youth.**

MHAC was established to advise the Montgomery County Executive and the County Council on matters concerning mental health. Our work includes providing citizen oversight to all state-funded mental health agencies serving Montgomery County and serving as an advocate for a comprehensive mental health system for persons of all ages. The Committee helps to ensure that publicly-funded mental health services are responsive to local needs, accountable to the citizenry and accessible to those in need. Our work includes closely following State and County legislative proposals relating to mental health. MHAC is comprised of citizen members who serve three-year terms without compensation that includes practicing physicians in the County, mental health professionals in the County who are not physicians, and individuals who are currently receiving or have in the past received mental health services as well as agency members that includes the Department of Health and Human Services, Montgomery County Public schools, and the Department of Juvenile Services.

SB 255 requires the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in-home, and case management services; requiring the Governor to include in the annual budget bill certain appropriations to fund certain behavioral health services and supports; and generally relating to home- and community-based services for children and youth.

MHAC supports SB 255 because the expansion and increased access to high fidelity wraparound, customized good and services, intensive in-home services, and mental health case management program will improve youth outcomes, reduce the use of residential care, and increase access to community-based services and support, including outpatient mental health interventions, among youth at risk of out-of-home placement. In addition, SB 255 will lead to cost reductions as children and youth will be diverted from out-of-home placement, residential level of care, and acute psychiatric hospitalizations. Children and youth with serious and complex behavioral health challenges are at risk for significantly compromised health and poor educational and life outcomes. They often have multi-agency involvement with different public systems, including Medicaid, behavioral health, child welfare, juvenile justice, and special education. The parents and other primary caregivers of these children and youth have to navigate a complicated maze to access behavioral health services across multiple systems with different eligibility criteria, funding streams, and treatment options. The end result for many families is that even after exhausting the various access pathways, they still cannot get the community-based services, supports, case management, and high-fidelity wraparound they need to help their children and youth. There are long wait lists for behavioral health services and very limited bilingual providers.

**Behavioral Health and Crisis Services • Child and Adolescent Behavioral Health Services**

7300 Calhoun Place, Suite 600 • Rockville, Maryland 20855 • 240-777-1432 • 240-777-4447 FAX

[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

Some services simply cannot be accessed. Other services do not exist. There are barriers stemming from discriminatory insurance coverage for those with mental health and substance use disorders. Since 2016, very few families who have children or youth with serious and complex behavioral health challenges have been able to access wraparound. Those few families did were not given high fidelity wraparound. There are an increasing number of youth emergency room visits for mental health. Many young people have spent weeks or months living in emergency departments and other areas of hospitals. We are experiencing a severe youth mental health crisis, which has resulted in many lives lost. Youth suicides and overdoses have increased. US Surgeon General Vivek H. Murthy issued a new advisory “Protecting Youth Mental Health,” in which he focused the nation’s attention on the youth mental health crisis. Dr. Murphy explains that the COVID pandemic exacerbated the unprecedented stresses young people already faced. In the advisory, Dr. Murthy states,

Unfortunately, in recent years, national surveys of youth have shown major increases in certain mental health symptoms, including depressive symptoms and suicidal ideation. From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%.<sup>19</sup> Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%.<sup>20</sup> Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%.<sup>21</sup> Early estimates from the National Center for Health Statistics suggest there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020.

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

SB 255 will help families who have children and/or youth with behavioral health challenges by:

- Ensuring that care coordinators delivering services under the 1915(i) model or a mental health case management program receive training in the delivery of services under a high-fidelity wraparound model.
- Providing wraparound services delivered by care coordinators under a high-fidelity wraparound model under the 1915(i) model or a mental health case management program;
- Offering intensive in-home services delivered by providers using family-centered treatment, functional family therapy, and other evidence-based practices under 1915(i) model;
- Supporting at least one pilot program utilizing value-based purchasing for case management services.
- Funding 100 slots in the mental health case management program for children or youth who are not eligible for program services and who are at risk of out-of-home placement.
- Expanding eligibility criteria to ensure that all children who are Medicaid-eligible will be able to utilize the 1915(i) model.
- Requiring the Governor to include in the annual operating budget bill specific amounts to fund customized goods and services for youth receiving services under the 1915(i) model or mental health case management program.

For the aforementioned reasons, the Montgomery County Mental Health Advisory Committee urges this committee to pass SB 255.

Sincerely,



Susan Kerin  
Chair, Montgomery County Mental Health Advisory Committee

**DRMtestimony.SB255.pdf**

Uploaded by: Luciene Parsley

Position: FAV



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**SENATE FINANCE COMMITTEE**

**SENATE BILL 255: PUBLIC HEALTH—HOME-AND COMMUNITY-BASED SERVICES FOR CHILDREN AND YOUTH**

**DATE: FEBRUARY 14, 2023**

**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. One of the mandated purposes of DRM's legal work is to ensure that people with disabilities are included in their communities and that they have access to the supports and services that will make living and participating in community life possible. Over the years, DRM has represented thousands of children with developmental disabilities, mental health and behavioral disabilities or dual developmental and mental health disabilities in special education and mental health matters and, for more than 20 years, in foster care proceedings in juvenile court. DRM has advocated vigorously in individual cases and systemically for wraparound services and other community-based services that, if implemented with fidelity, are shown by evidence to enable children to remain with or near their families instead of in residential placements.

These findings are particularly notable but problematic for Maryland, as the state has failed to invest in high-quality wraparound and other community services that can help children remain at home or near their families. Rather, Maryland has tended to invest in group care and institutional placements for children, approving payment for those services only when the need for care becomes so critical that the child cannot be maintained at home. However, because the number of in-state residential programs has decreased, more Maryland children are being sent to out-of-state placements, often to for-profit entities as far away as Utah and Florida. For example, at the January 25, 2023 Board of Public Works meeting, the Board approved the emergency placement of four Maryland foster children at Youth Opportunities Investment, LLC, doing business as Brooksville Youth Academy in Florida; the contract is a six month contract for \$297,675. The Board also approved a two year contract for a foster youth at Benchmark Behavior Health Systems, Inc. in Utah for \$450,624, and continuing placement of two youth at an out-of-state Devereux Foundation facility for a two year contract totaling \$758,352. Senate Bill 255 addresses this issue in part by reinstating Maryland's intensive in-home and wraparound services program.

In 2016, the Maryland Department of Health dissolved the wraparound services program, which served 300-400 children per year. The Department instead implemented care coordination programs through Targeted Case Management and the 1915(i) waiver, a Medicaid

program designed to serve children with the most significant mental health needs, in order to divert them from emergency rooms, hospitalization, and other higher levels of care. In 2014, the Medicaid Administration had projected that at least 200 children a year would be served by the 1915(i) waiver. However, between FY 2019 and FY 2021, the 1915(i) waiver served only between 10 and 40 children a year while more than 3000 Maryland children received inpatient or higher levels of care during this time.

There are several reasons for this dismal situation: First, reimbursement rates are low, making it difficult for providers to continue to provide services; a number of organizations and providers have stopped providing services since 2016. Additionally, there has been less training and supervision of care coordinators and lack of fidelity to the wraparound model. Also, the program eligibility requirements have been set so high that many children who need services are excluded from the program.

Senate Bill 255 will address these problems by, among other provisions, expanding eligibility for 1915(i) services to all youth on Medicaid, not just those whose families make below 300% of the federal poverty level. Additionally, the bill requires the Maryland Department of Health to address the barriers to use of the 1915(i) waiver, fund high-fidelity wraparound and evidence-based services at a rate commensurate with industry standards, and expand targeted case management services.

DRM has heard from numerous families during the past few years whose children have waited months in emergency rooms or in overstay status in hospitals or who have cycled repeatedly from home to hospital and back who could have been stabilized and remained at home instead of needing out-of-home placement if intensive, in-home wraparound services had been available after the crisis had passed. It takes an enormous amount of work to try to secure services that will keep an individual client in-state and near their family, if not at home with their family. Sometimes, we are not successful and our clients are placed in out of state programs far from their families and communities with little opportunity for visits. IT should be the norm, not the exception, for children with intensive needs to remain in Maryland and to remain in the community with an array of services and supports that will enable them to remain with their families or as close to their families as possible. Senate Bill 255 will help to shift that balance. For these reasons, DRM strongly supports passage of Senate Bill 255.

For more information or if questions, please contact Luciene Parsley, Litigation Counsel, at [lucienep@disabilityrightsmd.org](mailto:lucienep@disabilityrightsmd.org) or 443-692-2494 or Leslie Seid Margolis, Managing Attorney, at [lesliem@disabilityrightsmd.org](mailto:lesliem@disabilityrightsmd.org) or 443-692-2505.

# **NASW Maryland - 2023 SB 255 FAV - Children's Behav**

Uploaded by: Mary Beth DeMartino

Position: FAV



**Senate Finance Committee**

**Senate Bill 255: Public Health – Home– and Community–Based Services for Children and Youth**

**February 14, 2023**

**\*\*\*Support\*\*\***

The National Association of Social Workers represents social workers across the State of Maryland. We support Senate Bill 255: Public Health – Home– and Community–Based Services for Children and Youth, a bill to expand funding and access to evidence-based behavioral health services, high fidelity wraparound, and case management services to prevent escalation of behavioral health issues and the need for residential care.

Invisible to most Marylanders, over the last two decades the state’s child welfare system became the provider of residential behavioral health care for children and youth with high intensity needs. For as many as 60% of youth ages 14 – 17 in foster care with one large local department of social services, behavior is identified as the leading factor driving placement, while in another fully 25% of all foster care entries were attributable to behavior health needs and parents unwilling and/or unable to continue providing care. Behaviors are typically trauma driven and present a serious risk to self and/or others including complex pica, sexual impulsivity, compulsive self-mutilation, aggression, encopresis, and so on.

Child welfare is ill-equipped to become the provider of residential therapeutic care for children and youth with very high intensity needs, and closing roughly 350 residential beds during the same time period resulted in denying children care. Now because there is literally no program will accept the youth, they are on overstay in hospitals and being ‘placed’ in hotels at the cost of \$35,000 or more a child per month out of funds intended to preserve families.

The significant increase in behavioral health conditions suffered by children and adolescents in the last few years is well known. A by-product of the trauma associated with the unpredictability and fears that accompanied the pandemic, both depression and anxiety have grown by as much as 30%.

SB255 proposes to focus on prevention by strengthening community-based, in-home behavioral health services and dedicating funding to customize services and goods and enable individualized plans made in collaboration with families and youth. Specifically targeting youth at risk of foster care placement, the bill proposes 100 slots for mental health case management. Children and youth are always better off being cared for at home by their own parent or kin caregiver.

Given the nexus between behavioral health and child welfare, including public child welfare experts in the stakeholders group is critical.

We urge a favorable report for Senate Bill 255.

Judith Schagrin, LCSW-C  
Co-Chairperson, Legislative Committee



# **NCADD-MD - 2023 SB 255 FAV - Childrens Behavioral**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee  
February 14, 2023**

**Senate Bill 255  
Public Health - Home- and Community-Based Services for  
Children and Youth  
Support**

NCADD-Maryland supports Senate Bill 255. Services to children in Maryland have been decimated in recent years. Outpatient adolescent substance use disorder treatment programs have all but disappeared. Mental health services for young people can take months to access. There needs to be a comprehensive approach to addressing the varied needs of children and youth in our state.

Senate Bill 255 is one piece to this puzzle. As is made clear in the bill, these are services that are proven to be effective to treat young people in their communities. This is a dramatically less costly approach than residential or hospital care. With the increased attention paid to children's behavioral health since the pandemic started, Maryland needs to utilize the tools that are at the ready. Services provided through the 1915(i) waiver can be developed relatively quickly with the assurance that the funding stream will be there to support the services and those delivering them.

We know there are better outcomes when the right services are provided to people – young or old. We urge a favorable report on Senate Bill 255.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

# **SB255 (1) Maryland Local Management Boards.pdf**

Uploaded by: Pamela Brown

Position: FAV



**Local power, collective voice  
for Maryland's children, youth and families**

February 9, 2023

**SUPPORT – SB255 - Public Health - Home- and Community-Based Services for Children and Youth**

Dear Senators:

On behalf of the Maryland Association of Local Management Boards, I am writing in support of SB255 requiring the Maryland Department of Health to expand access to and provide reimbursement for certain behavioral health collaborative care, case management, and wraparound services including the funding of 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not eligible for program services

Local Management Boards coordinate and manage Local Care Teams in every jurisdiction in the state. Through our care teams we have noted the increasing number of youth impacted by mental health issues, especially as a result of the isolation, stress and grief related to the pandemic. Access to behavioral services, especially those supporting wraparound care, is most important as we help our young people move forward and access opportunities for their future success. With the rippling mental and behavioral impacts of the pandemic coupled with overuse of social media, children's mental and behavioral health is fragile now, now more than ever.

We urge you to support SB255 to address the behavioral health needs of children and youth in Maryland.

Sincerely,

Pamela M. Brown, PhD  
Legislative Chair

# **MPA Testimony 2023 - Support - Senate Bill 255 - P**

Uploaded by: Pat Savage

Position: FAV



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: [410-992-7732](tel:410-992-7732). [www.marylandpsychology.org](http://www.marylandpsychology.org)

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Thomas Cote, MBA, CAE

February 13, 2023

Senator Melony Griffith, Chair  
Senator Katherine Klausmeier, Vice Chair  
Senate Finance Committee  
Miller Senate Office Building, 3 East  
Annapolis, MD 21401

**RE: SB 255 Public Health– Home– and Community-Based Services for Children and youth**

Position: **Support**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. We write in **support of SB 255**, which would require the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in-home, and case management services. It would also require the Governor to include, in the annual budget bill, certain appropriations to fund certain behavioral health services and supports. Wraparound, intensive in-home services, and case management services are vital and effective interventions for children and youth. Moreover, these services are offered in-home and other more easily accessible locations that truly meet the clients where they are, and the positive effects of that type of outreach cannot be underestimated in the value it provides to the treatment process and success.

For the reasons noted above the Maryland Psychological Association asks for a **FAVORABLE** report on SB 255.

Thank you for considering our comments on SB 255. If we can be of any further assistance as the Senate – Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Rebecca Resnik, Psy.D.*

Rebecca Resnick, Psy.D.  
President

*R. Patrick Savage, Jr., Ph.D.*

R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

# **Testimony In Support of SB 255 - HB 322 Senate - F**

Uploaded by: Rich Ceruolo

Position: FAV



February 12, 2023

Maryland Senate  
11 Bladen St.  
Annapolis, MD. 21401

**In Support of SB 255 / HB 322: Public Health – Home and Community Based Services for Children**

Members of the Maryland Senate's Finance Committee.

We are an organization of military and non-military families with over 1500 members advocating for the care and needs of our children with disabilities, we fully support HB 322 / SB 255.

Even before the Covid-19 pandemic there was so much need across the state for these kinds of support programs. Now, coming out the pandemic, there is even more than ever for children centered health care and behavioral health care services program services and family centered therapies.

We support programs that expands the Maryland Dept of Health and Behavioral Health Administration's number of slots available to children with a variety of special needs for wrap around services, case management, and in-home intensive support services.

But 100 slots within BHA the system is not enough to meet all of the need across the entire state's behavioral support system. We would love to see an even larger expansion of this kind of program. Especially as we realize the many benefits of Maryland's Blueprint in reforming the delivery of wrap around service programs that exist within the education and health care spaces of government agencies.

We would like to see this kind of support system needs to be baked into the recipe of health and developmental support programs as we move forward with the care and well-being of ALL of our children under The Blueprint for Maryland's Future.

Maryland children need these types of support programs to be in place, and expanded, to help service all of the need, not just some of the need, within our communities. Please help our students build a brighter future, with improved outcomes for all children, especially those a variety of health challenges.

We ask that your committee support HB 322 / SB 255, and return a favorable report. Thank you for your time, and for considering our testimony.

Mr. Richard Ceruolo | [richceruolo@gmail.com](mailto:richceruolo@gmail.com)  
Parent, Lead Advocate and Director of Public Policy  
Parent Advocacy Consortium (Find us on Facebook/Meta) |  
<https://www.facebook.com/groups/ParentAdvocacyConsortium>



# **Arrow SB255 testimony final.pdf**

Uploaded by: Robert Basler

Position: FAV

**Senate Bill 0255**

**Public Health – Home– and Community–Based Services for Children and Youth**

Finance Committee

February 14, 2022

**TESTIMONY IN SUPPORT**

I represent Arrow Child & Family Ministries, a multi-service non-profit that serves over 500 vulnerable youth and families in Maryland each year, some who have entered child welfare and others who are at risk of out-of-home placement.

Maryland continues to be in a youth mental health crisis. As a result of the rising needs for mental health treatment and the lack of treatment options, we have seen a huge increase in young people stuck in emergency departments, waiting for psychiatric hospital beds and youth in inpatient settings with no where to go. As of February 6, 2023, there are currently six available psychiatric beds for adolescents and zero for children. Many families are desperate for help for their children. In Arrow's residential programs, we are seeing teens new to foster care who are entering due to unmet mental health needs that have overwhelmed their families. The child welfare system has its own placement crisis. The Baltimore Banner has documented this crisis and the impact on youth and their families.

This problem has many causes-- the reduction of residential treatment program and therapeutic group home beds, overreliance on child welfare services to meet mental health needs, and the lack of primary mental health care-- but the lack of intensive care coordination and high intensity mental health services for families plays a huge part. There is a huge gap between outpatient mental health care and out of home care. Wraparound services and hospital diversion programs like the 1915i have been allowed to atrophy or dissolve entirely, so families of youth with intensive needs have virtually no options.

This year, Arrow launched Family Centered Treatment (FCT), a highly effective, evidence-based family therapy model that has prevented family dissolution for over 25 years. FCT is intended to be the evidence-based service of choice for Maryland's Intensive In Home Service program, funded by Medicaid. Arrow currently provides this service to families though funding from the Department of Human Resources, as an aftercare service though our Qualified Residential Treatment Programs and a grant though Harford County. While we recently got approved to provide the same services though Medicaid, the rate to provide the service is about two-thirds of what it costs Arrow to deliver the service. In addition to the rate being too low, very few families meet the requirements for authorization for the services through Medicaid. Last year, only 30 youth received the service statewide. The combination of low rates and low utilization makes a viable business model impossible under Medicaid. What this means is that we have made this highly effective family preservation service primarily accessible only after a child has been removed from the home instead of using it to stabilize families and keep them together.

While services like FCT, or the other models named in this bill look expensive compared to outpatient mental health services, it is significantly less expensive than hospital or RTC stays. Based on the rate Arrow was awarded by the IRC, the per day cost is less than 15% of the cost to place a child in Arrow's Qualified Residential Treatment Program. By not providing intensive, community-based interventions, we are increasing the number of youth who need out of home care, resulting in more families broken up, worse long-term outcomes for youth and costing Maryland taxpayers more in the long run. For these reasons, **Arrow Child & Family Ministries asks this committee to pass SB255.**



1605 Cromwell Bridge Rd  
Baltimore, Maryland 21234  
410/882.9133 • 410/663.7092 fax  
[www.arrow.org](http://www.arrow.org)

**2023 LCPCM SB 255 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 255 – Public Health – Home and Community Based Services for Children and Youth

**Hearing Date:** February 14, 2023

**Position:** Favorable

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 255 – Public Health – Home and Community-Based Services for Children and Youth*. The bill requires Medicaid to cover certain wrap-around in in-home services for children served under the 1915(i) waiver. The bill also creates 100 slots for children who are not eligible for the 1915(i) waiver but who are at risk for out-of-home placement.

LCPCM supports this bill because additional supports will improve the health outcomes of children with complex behavioral health needs. Maryland saw these successes when first implementing a demonstration project. The bill proposed to continue the program with modifications recommended by the behavioral health community.

If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2023 MOTA SB 255 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill Number:</b>	<b>Senate Bill 255 – Public Health – Home and Community Based Services for Children and Youth</b>
<b>Hearing Date:</b>	<b>February 21, 2023</b>
<b>Position:</b>	<b>Favorable</b>

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 255 – Public Health – Home and Community-Based Services for Children and Youth*. The legislation seeks to modify the existing 1915(i) waiver program which provides intensive behavioral health supports for eligible children. The legislation also creates 100 slots for children at risk of out-of-home placement but who are not eligible for the 1915(i) program.

MOTA supports initiatives that allow individuals to live as independently as possible in the least restrictive settings. This legislation is particularly important as it will allow children to remain with their families and avoid out-of-home placements. We do not have enough support for children with intensive behavioral health needs. Therefore, we ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

# 2023 TCC HB 322 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV





THE COORDINATING CENTER  
INSPIRED SOLUTIONS

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 255 – Public Health – Home and Community Based Services for Children and Youth

**Hearing Date:** February 14, 2023

**Position:** Favorable

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The Coordinating Center supports *Senate Bill 255 – Public Health – Home and Community-Based Services for Children and Youth*. The bill proposes to continue the Department’s success in providing intensive behavioral health services to children under the 1915(i) waiver. After implementation, the Department will use its experience to develop the Mental Health Targeted Case Management Service.

We ask for a favorable report. This Waiver could help address the significant lack of mental health services available to children and young adults who are often enrolled in other Waiver programs that don’t therapeutically address the individual’s mental health presentation. The programs supported in this legislation support children remaining with their families and avoiding out-of-home placement. If we can provide any additional information that is helpful, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

# **S. Elwell Testimony in Support of Senate Bill 255**

Uploaded by: Sarah Elwell

Position: FAV

**Senate Bill 255 Public Health - Home- and Community-Based  
Services for Children and Youth  
Senate Finance Committee  
February 14, 2023  
TESTIMONY IN SUPPORT**

It is not an overstatement or an oversimplification to say that wraparound services saved our family. My name is Sarah Elwell and I live in Montgomery County, MD. I am a parent of 3 children, all of whom had profound struggles at the onset of the pandemic. My son had more severe behavioral problems and the Roscoe Nix school counselor Ms. J suggested looking into wraparound services. She saw my family's challenges, our stress and did not write us off or wait until the situation was too severe to remedy. My family is receiving wraparound from JSSA (Jewish Social Services Agency). I am testifying in support of Senate Bill 255.

Prior to wraparound services, every day was filled with trials and tribulations, at the same time that my mom continued to deteriorate with a terminal disease. Tantrums, broken furniture and devices, yelling, school refusal, anxiety, loneliness. Calls and messages via Class Dojo from the school. They even asked me for my suggestions and recommendations. As a lifelong educator, I had always found ways to get through to young people, to turn negatives into positives and yet here I was, unable to do that within my own family. I felt like a failure, like a hypocrite. I questioned everything including my ability to change the course of our family trajectory, which felt like a heavy boulder barreling down a steep slope toward a cliff. Far more often than I would want to share, I wept, I was enraged, I wanted to give up.

I was on the literal edge of sanity dealing with the numerous issues plaguing my children. When I had a hard time stepping across the stigma of seeking mental health counseling, wraparound services offered that service, and I enrolled my other children in therapy as well. At a time when all I could see were weaknesses, wraparound services focused on my family's strengths. When I felt like consistency was impossible, wraparound services offered a steady weekly check-in schedule with consistent leadership from Lynisha Williams, JSSA Care Coordinator, and Melody Smith, Certified Family Peer Specialist from the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families). When I felt like anything extra would be too much, wraparound services linked me to an 11-week Strengthening Families Program class offered by MC Federation of Families, mentoring, and celebrations so the "extra" became all the things we didn't know we needed but we did. Wraparound services taught me that strengthening my family in this current pandemic era is a constantly evolving endeavor.

I cannot quit with this team in my corner.  
I cannot falter with my family on the line.  
I cannot keep quiet when our community is vulnerable.

These familial struggles are a connecting thread in our community. Though I could have continued to try to hide the shame I felt with these issues, JSSA gave me the courage to step

forward, ask for help and make changes to keep our family safe, secure and strong. I want this safe space, this brave space, to be accessible for all Maryland families who need it.

I have never experienced a program like this before, and the research is conclusive that this high-fidelity wraparound service is a model that works. It is individualized to the needs of each family and the dispositions and motivations of each child. A cookie cutter approach would have been helpful, but a deeply personal and tailored program like this one is transformational. COVID forced us to do so much alone. With this program I feel the power of having a community alongside me. My relationships with my children and with myself have changed for the better. I will by no means claim to have it all figured out or paint a portrait of perfection. But I will say my canvas is wider, my palette is more varied and the brushes at my disposal have increased in number. I am troubled by the thought that if we do not intervene early with programs like this now, what destructive impact that will have on children and their families, desperately looking for solutions, looking for ways to have them achieve their full potential, finding ways to share with a wider world the vibrant light that shines deep within. For JSSA, every child is unique and capable of so much more. I share this experience because I want us all to make it through these struggles intact, and possibly more fortified than ever.

Maryland's youth and families deserve a standard of care that can meet their needs. I implore you to restore and expand these services that best serve our kids. An investment in family health today is an investment in a stronger, safer and more inspiring community and citizenry in the future. I urge this committee to pass Senate Bill 255.

**SB255 - Center for Children.pdf**

Uploaded by: Shannon Hall

Position: FAV



6100 Radio Station Road, P.O. Box 2924, La Plata, MD 20646  
301-609-9887 • 301-753-4002 • 301-884-0767 • 301-373-3276

**Senate Bill 255**  
**Public Health- Home and Community-Based Services for Children & Youth**  
House Health and Government Operations Committee

February 14, 2023

**POSITION: SUPPORT**

My name is Catherine Meyers, and I am the Executive Director of the Center for Children, a behavioral health provider serving Charles, Calvert, St. Mary's, Anne Arundel, Prince George's and Howard counties. The Center for Children serves over 4500 children and families a year providing wraparound care coordination services in 6 counties as well as outpatient clinics and Psychiatric Rehabilitation Programs in the three Southern Maryland counties. We also provide several other child focused programs and evidenced based models. Our agency is and has been a 1915(i) provider for care coordination services for over 10 years.

I am in support of this bill as the need for quality mental health and substance use care has never been higher, and availability and access to intensive home and community-based services in Maryland has long been subpar. Home and community-based services like targeted case management and 1915i help stabilize families in crisis and keep children from requiring out-of-home placements. This saves the state money and yields the best clinical outcomes. We either pay more now for good, solid wraparound coordination for youth and evidenced based practices for children and families, or we pay a lot more later in life when these youth and families get even more involved in the systems that are longer term and more costly, including residential care, substance use treatment, juvenile detention or as adults in shelters and prison. Evidence shows that children and families who are initially at risk who receive these services are at much lower risk to later enter into the systems. Center for Children knows this from experience as we have been serving families since 1989.

The problem is that the modest reimbursement rate increases over the years for TCM does not support the increasing cost of service delivery. Additionally, 1915i services have long been plagued by catastrophically low reimbursement rates, bureaucratic paperwork demands, and compounded by eligibility barriers which result in very few children utilizing the service. The outcome then is that providers struggle to maintain viable programs, and children and families aren't able to obtain the support they need when they need it.



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I would also hope that the State will expand who can provide the other 1915(i) services. We as an agency would love to hire an art therapist or music therapist for our children, or peer support professionals for our parents in our behavioral health services but the

regulations are set up so that we as an agency cannot get licensed or reimbursed for the services that we would pay salaried staff to perform, a gross oversight in the regulations of the original 1915(i) implementation, which only license individuals not clinics.

As an Adverse Childhood experiences master trainer, I know the impact of early experiences when intervention does not occur. The costs in health care, disease, substance use, homelessness, prison, missed days of work are all documented in the many studies over years of Adverse Childhood experiences and their long-term effects.

You have a chance to change the lives of Maryland's children and their future by supporting this legislation as well as to save the taxpayers of Maryland, now and in the future, a great deal of money on deep-end systems that are not as effective.

I encourage your support of the children and families of Maryland by voting in favor of SB255.

*Catherine Meyers*

Catherine Meyers, LCPC  
Executive Director  
[meyers@center-for-children.org](mailto:meyers@center-for-children.org)



**SB255 - LBE.pdf**

Uploaded by: Shannon Hall

Position: FAV





**Senate Bill 255**  
**Public Health- Home and Community-Based Services for Children & Youth**  
Senate Finance Committee  
February 14, 2023  
**POSITION: SUPPORT**

Leading By Example is a mental health provider serving children, adults, and families in Baltimore City, Baltimore County, and Harford County. We have been working to improve the quality of life for these individuals since 2009, and have helped thousands of individuals and families dealing with significant mental health needs, across our five service lines. Our services include targeted case management for adults, Outpatient Mental Health Clinic, Therapeutic Behavioral Services, and psychiatric rehabilitation services for minors and adults.

Up until 2022, we also provided mobile crisis response services (MCRS) and intensive in-home services (IIHS) under the 1915i program. During the 5 years we operated as a 1915i provider, we received referrals for 4 youth for intensive in-home services. The mobile response did not receive any referrals. Despite extensive collaboration efforts with the local mental health authorities and care coordination organizations responsible for referrals, including many regional meetings, we did not receive a single referral after 2018. Rigid eligibility requirements caused this service to be inaccessible to most children and families, and even after the state adjusted these requirements, enrollment did not increase despite the clearly rising needs of many families.

Along with the shockingly low utilization, reimbursement rates for the IIHS were disproportionately low compared to similarly intensive services. Low volume, inconsistency in authorization approval and rates that did not cover the cost of the service made the program impossible to sustain. In 2022, LBE made the difficult decision to formally close the program.

We continue to see desperate families who would benefit from the comprehensive service array under the 1915i. However, without eligibility requirements more closely match the experiences of high need children and rates commensurate with industry standards for intensive in-home services, outpatient levels of care capable of treating high-risk children in their homes and communities will remain out of reach for families. Left with no other options, they will continue to visit emergency rooms for behavioral health crises, contributing to Maryland's spot as the state with the longest emergency department waitlists in the country.

This bill makes a significant first step in rebalancing behavioral healthcare for children in

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Leading  
By Example

Maryland. It redirects focus and resources to community programs designed to keep children out of the hospital and residential placements, and supports them and their families together through evidence-based models to manage their behavioral health challenges. We urge a favorable report on SB255.

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**SB255 - SMCN.pdf**

Uploaded by: Shannon Hall

Position: FAV



### **Senate Bill 255**

Public Health- Home and Community-Based Services for Children & Youth

Senate Finance Committee

February 14, 2023

**POSITION: SUPPORT**

My name is Karen Carloni and I am the Executive Director of Southern Maryland Community Network, Inc. We provide adult and youth services in Calvert, Charles and Saint Mary's Counties. We serve about 700 individuals in the public behavioral health system per year and employ 70 staff. SMCN has operated an intensive in-home service program, reimbursed under the 1915i waiver, for approximately 8 years.

Intensive in-home services under the 1915i have been plagued by both eligibility and program viability barriers for years. Medicaid rates do not cover the cost of services and catastrophically low utilization makes it impossible for providers to scale up their business models. In order to keep the program open and deliver the intensity of service required, SMCN must weave together grant funding and Medicaid reimbursement.

We served 5 children under the 1915i last year, most of whom didn't get referred to us until they were already on a waitlist for an RTC placement because their families no longer felt they could keep them at home. The problem is bigger than just the known and unresolved challenges with the 1915i, of which there are many including both medical necessity and financial eligibility requirements. There has been a decades-long underinvestment in community services, especially those serving children with the highest need. We have received a small grant to supplement services to this population—children involved with multiple systems including juvenile services and at risk of RTC placement—for 17 years. This grant has not been increased once during that time. We operate on razor-thin financial margins as the costs of delivering services continues to rise with inflation and salary requirements, but rates and supplemental funding do not keep pace.

SB255 takes critical steps toward aligning reimbursement rates with the cost of delivering intensive in-home and care coordination services. The demand for behavioral health care is at an all-time high. When children and families are not able to access intensive community services they end up using emergency rooms and inpatient services at high cost to the state and traumatic cost to those families. The enhancements in this bill are needed now more than ever. **Southern Maryland Community Network urges this committee to pass HB255.**



**SB255 - VOA.pdf**

Uploaded by: Shannon Hall

Position: FAV



**Senate Bill 255**  
**Public Health- Home and Community-Based Services for Children & Youth**  
Senate Finance Committee  
February 14, 2023  
**POSITION: SUPPORT**

Volunteers of America Chesapeake and Carolinas (VOACC) is a faith-based, 501(c)(3) nonprofit organization. Founded in 1896 in Baltimore, MD, VOACC was one of the first branches of Volunteers of America - one of the nation's largest and most comprehensive human service organizations in the nation. Our mission is to inspire self-reliance, dignity, and hope through health and human services. VOACC is a CARF-accredited facility that specializes in providing mental health services, including diagnosis and treatment, for adults, children, adolescents, and young adults. We serve as a Care Coordination Organization, delivering targeted case management services to children and families in Baltimore City and Montgomery Counties.

The current national youth mental health crisis comes at a time when Maryland's public behavioral health infrastructure, especially the continuum of care for children, is already in a perilous situation. Maryland has grappled for several years with bottlenecks to higher and lower levels of care for children and youth caused, in part, by the inadequacy and inaccessibility of intensive home and community-based services.

SB255 makes a significant first step in rebalancing behavioral healthcare for children in Maryland. It redirects focus and resources to community programs designed to keep children out of the hospital and residential placements, and supports them and their families together through evidence-based models to manage their behavioral health challenges.

Many families arrive at Volunteers of America when they are desperate for immediate assistance. It's not uncommon during intake discussions for parents to tell us "I wish we had known about this sooner – no one told us we could get this kind of help though Medicaid" or "Where were you guys six months ago?". In order to be effective, we need to be readily available to vulnerable families. Often, insurance status and overly strict eligibility criteria—both financial medical—preclude families from accessing services. This is certainly the case with Targeted Case Management and 1915i services. Children and families with private insurance are often referred to us but are ineligible for intensive care coordination services. Others are referred to us when family supports are at a breaking point. Many times, parents reach out to doctors or professionals at Head Start or school regarding their concerns about their child's behavior. A quick review of services available when this concern is first voiced (either in the doctor's office or school) would normalize the need for assistance in child and youth behavioral health and enable earlier access to care.

. SB322 addresses some of the issues that families encounter when trying to find services including case management for their children. If it takes a catastrophe to be able to provide services we are missing the point of providing services to begin with. Increased and streamlined access to behavioral health services gives families the knowledge and power to be able to avert crisis and build a better life without spending time separated, either in residential treatment facilities or pediatric mental health facilities.

I encourage you to support Senate Bill 255. Please let me know if you would like to discuss our support further.

Respectfully,

Sheryl Neverson, Ph.D., LCSW-C, LICSW  
Senior Vice President of Clinical Strategy  
Volunteers of America Chesapeake & Carolinas

# **SB 255\_Home and CommunityBased Services for Childr**

Uploaded by: Stacey Jefferson

Position: FAV





February 14, 2023

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 255- Public Health- Home and Community-Based Services for Children and Youth*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore supports SB 255- Public Health- Home and Community-Based Services for Children and Youth.** This bill will restore Maryland’s high-fidelity wraparound program ensuring children with complex needs can be treated in their homes and in the community through effective programming. It will also expand eligibility to ensure all children who are Medicaid- eligible will be able to receive services under these programs.

Across the United States, one in six children are diagnosed with a mental, behavioral, or developmental disorder.<sup>1</sup> Many of these children lack access to services and resources they need. Approximately 45% of Maryland youth aged 12-17 who reported symptoms of depression over the last year did not receive any mental health care.<sup>2</sup>

BHSB supports SB 255 because high-fidelity wraparound is the gold standard for treating youth with behavioral health needs. It offers care coordination and a variety of formal and informal supports that keep youth with intensive behavioral health needs in their homes and out of the hospital. Maryland established two programs to provide high-fidelity wraparound – Targeted Case Management and the 1915(1) program – but they have been underutilized and unsuccessful. Reimbursement is low, which discourages provider participation, training in the model is insufficient, and eligibility criteria is unnecessarily strict.

Despite efforts to create strong programs decades ago, adjustments to the programs in recent years have left the program fledgling. The stringent eligibility criteria result in children being accepted into the programs after the point where they would be effective. SB 255 offers solutions that will help fix the current program and make it more accessible to families. As such, **BHSB urges the Senate Finance Committee to support SB 255.**

**For more information, please contact BHSB Director, Policy and Stakeholder Engagement Stacey Jefferson at 443-813-9231 or [stacey.jefferson@bhsbaltimore.org](mailto:stacey.jefferson@bhsbaltimore.org)**

<sup>1</sup> Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

<sup>2</sup> The State of Mental Health in America 2022, Mental Health America, <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

**SB255\_MARFY\_SUPPORT.pdf**

Uploaded by: Therese Hessler

Position: FAV



**February 14, 2023**

**Senate Bill 255  
Public Health – Home– and Community–Based Services for Children and Youth  
Senate Finance Committee**

**Position: SUPPORT**

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 a juvenile services population.

If passed, SB255 would require the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in–home, and case management services; requiring the Governor to include in the annual budget bill certain appropriations to fund certain behavioral health services and supports; and generally relating to home– and community–based services for children and youth.

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 and other such programs.

This bill will help save the lives of children in our state and will help to keep families together.  
**It is for these reasons we politely ask for a favorable report on Senate Bill 255.**

**For more information call or email:**

Therese M. Hessler | 301-503-2576 | [therese@ashlargr.com](mailto:therese@ashlargr.com)

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410-727-6367 | [www.marylandnonprofits.org](http://www.marylandnonprofits.org)

**5 - SB 255 - FIN - MDH - LOC.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 14, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 255 – Public Health – Home- and Community-Based Services for Children and Youth – Letter of Concern**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of concern on Senate Bill (SB) 255 – Public Health – Home- and Community-Based Services for Children and Youth. SB 255 requires MDH to expand eligibility to ensure that all children who are Medicaid eligible have access to the 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families Program (the 1915(i) Program).

The 1915(i) Program serves some of Maryland's most vulnerable children and is a home and community-based services benefit for children and youth with serious emotional disturbance and their families. Additionally the 1915(i) Program covers family peer support services, respite services, expressive and experiential behavioral services, and intensive in-home services. Currently, children must meet certain Medical Necessity Criteria (MNC) to be enrolled. Participants are eligible with incomes up to 300% of the Federal Poverty Line (FPL). This includes all children enrolled in Maryland Medicaid, Maryland Children's Health Program (MCHP), and MCHP Premium.

Currently, the FPL limits of the 1915(i) Program cover all Medical Assistance enrolled children. Therefore, to expand eligibility to all Medicaid eligible children and youth, the MNC requirements for 1915(i) services will need to be eliminated. The elimination of MNC will substantially increase service utilization and costs for MDH as MDH assumes that all children with a mental health diagnosis could be eligible for services. In fiscal year (FY) 2022, the total costs for the 1915(i) Program amounted to \$112,429 for 31 participants. MDH estimates that removing MNC requirements would result in annual total costs of approximately \$195 - \$206 million and approximately \$955 million over the next five Fiscal Year(FY)s.

MDH further notes that the elimination of the MNC requirements will generate issues from both a network adequacy perspective and a clinical perspective. Removing the MNC requirement will lead to a substantial increase in the use of the 1915(i) Program and add additional burden on service providers. MDH is concerned that children who need 1915(i) services, who currently meet the MNC standards, will be unable to access the care they need. In addition, the high

intensity services included in the 1915(i) program, including respite services, are meant to give caregivers of children with acute mental health concerns a break. By opening this benefit more broadly, there is a potential for misuse of the services from potential bad actors who will use the 1915(i) Program as a childcare service unnecessarily and limit access to those most in need.

MDH also assumes the required stakeholder group may recommend expanding eligibility to those children with primary substance use disorders or co-occurring mental health and substance use disorders in the future. An additional 1,887 children would be eligible in FY 2024, increasing costs by at least \$6.8 million for that year. The actual costs of services may be higher and, in addition, qualifications for service providers may be different and need to be updated to serve a population with a substance use diagnosis.

If you have any questions, please contact Megan Peters, Acting Director of Governmental Affairs, at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.  
Acting Secretary

**SB0255\_DHS\_INFO.pdf**

Uploaded by: Rachel Sledge

Position: INFO

**Date:** February 14, 2023

**Bill number:** SB0255

**Committee:** Senate Finance Committee

**Bill Title:** **Public Health – Home- and Community-Based Services for Children and Youth**

**DHS Position:** **LETTER OF INFORMATION**

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The Maryland Department of Human Services (DHS) thanks the Committee for the opportunity to provide written information regarding Senate Bill 255.

Senate Bill 255 would expand and enhance access to critical behavioral health services for children and youth with complex behavioral health needs. Many of the children and youth under the care of DHS have complex behavioral health needs. Senate Bill 255 would, among other things, expand High-fidelity wraparound services which provide individualized, team-based, collaborative approaches to serving youth and families. Research indicates that wraparound enrollment decreases the use of residential treatment services<sup>1</sup>. While the overall number of youth in foster care has declined, there has been a proportionate increase in the number of youth in foster care with more complex needs that require more customized, higher levels of care. At the same time, the number of available resources to serve youth with complex behavioral needs has declined.

This approach aligns with DHS' implementation of the Family First Prevention Services Act (FFPSA). FFPSA aims to minimize trauma experienced by children through preventive services supporting DHS's efforts to increase the number of children who can safely remain in their homes. Increased access to intensive care coordination, child and family team meetings, individualized plans of care, formal and informal support and reimbursement for these services will allow for a more comprehensive approach to serving the children, youth, and families in need of behavioral health treatment.

The Department of Human Services has a strong partnership with the Maryland Department of Health (MDH). Together DHS and MDH work to address the placement needs of children in foster care with complex, high intensity needs, implement the Sobriety Treatment and Recovery Teams (START) Family Mentors program, implement the Family First Prevention Services Act, and to coordinate other services in the community. This bill supports the ongoing partnership between DHS and MDH for the delivery of prevention services.

DHS appreciates the opportunity to offer the aforementioned information for the Committee's consideration during your deliberations. DHS welcomes collaboration with the Committee on Senate Bill 255.

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<sup>1</sup> Cosgrove, J. A., Lee, B. R., & Unick, G. J. (2020). A Longitudinal Evaluation of Wraparound's Impact on Youth Mental Health Service Use. *Journal of Emotional and Behavioral Disorders*, 28(3), 156–166. <https://doi.org/10.1177/1063426619842568>

