



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)
info@mcfof.org (email) www.mcfof.org (website)

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