

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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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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