



ON OUR OWN
OF MARYLAND

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WRITTEN TESTIMONY IN SUPPORT OF SB 448: Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program

Thank you Chair Beidle, Vice Chair Hayes, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

OOOMD is in strong support of SB 448, which would establish a statewide 3 year Self-Directed Mental Health Services Pilot Program in Maryland starting in 2027.

This pilot program would serve an estimated 100 Medicaid recipients with behavioral health disabilities and will facilitate access to self-directed, person-centered, trauma-informed, and culturally responsive services that meet individuals' unique needs related to their mental health wellness and recovery.

Self-Directed Services (SDS) Overview

Self-Directed Services (SDS) programs prioritize empowerment, supported decision-making, independence, and personal responsibility by allowing individuals with mental health disabilities to take an active and integrated approach to their health and recovery by leveraging available public funds to access clinical and non-clinical services and goods within the defined scope of a customized support plan. An SDS program would promote community integration and reduce unnecessary and costly institutionalization. The primary elements of the program are:

- **Participant:** Individuals living with a 'severe mental illness', who are Medicaid recipients, and: have been unsuccessful or excluded from receiving services from the public behavioral health system, are at risk of institutionalization, or are living with multiple disabilities. The bill requires MDH to work in conjunction with stakeholders to further define eligibility criteria.
- **Support Broker:** An identified supporter who helps the participant develop and implement their personalized Recovery Plan as well as, navigate access to desired services and supports.
- **Person-Centered Recovery Plan:** A formal document describing the individual's wants and needs related to their mental health recovery, any barriers to achieving goals, and resources needed to attain goals.
- **Individual Budget:** Identifies the costs and funding mechanisms for specific services and supports within the Recovery Plan.



- **Fiscal Intermediary:** Provides financial management services such as provider billing to access goods and services identified in the plan.

The flexibility and individualized nature of SDS programs afford participants access to a diverse array of supports to best suit each individual's unique mental health, social, and somatic needs, such as but not limited to:

- **Clinical:** Private or out-of-network behavioral health clinicians or programs that best meet unique cultural, linguistic, or clinical needs, medication copays.
- **Integrative & Holistic Healthcare:** Services and supports for social-emotional and physical health and wellness.
- **Basic Needs:** Rental assistance, transportation, assistance with meal preparation.
- **Accessibility:** Technology to enhance communication access.
- **Occupational:** Educational or vocational training and support.

Pilot Mental Health SDS Program Goals

This bill would require the Behavioral Health Administration to provide \$300,000 annually for a total of 3 years (2027 - 2029) and evaluate the success of a Self-Directed Mental Health Services Pilot Program, including cost-savings. Within this program, an individual living with significant mental health disability would be supported with accessing services and goods that maintain or increase their independence, promote opportunities for community living and inclusion, and facilitate access to clinically appropriate and culturally responsive, person-centered care.

Mental health SDS programs have already been successfully implemented in 6 states: Florida, Michigan, New York, Pennsylvania, Texas, and Utah. Technical assistance with implementation is available from national organizations with expertise in SDS program models. SDS programs have been well researched over the past 20 years, and yield impressive results both for individual health outcomes and system cost savings:

- Improved clinical, somatic health, vocational, and housing outcomes
- Increased service user satisfaction and enhanced compliance with care
- Reduced time spent in the institutional settings (jails, hospitals, nursing homes, and ERs)

Need and Impact

We see great need and high potential for an SDS program that is accessible to individuals with mental health disabilities in Maryland. Our affiliated network of 16 peer-operated Wellness & Recovery Organizations throughout Maryland offer free, voluntary recovery support services to over 7,000 people each year, many of whom live with serious mental illness and socioeconomic barriers. In our centers, trained peer staff assist and support individuals with meeting their basic needs, identifying and meeting their own personal identified goals, and working towards stability, independence and long-term recovery. Many would greatly benefit from an SDS program.



Recovery requires support for all life dimensions, as multiple factors can support or disrupt both an individual's wellness: co-occurring conditions; stress in employment, familial, or social relationships; limitations on insurance coverage; lack of financial resources; housing instability; transportation access; and/or the loss of social support and reduced perception of self-worth stemming from experiences of hospitalization or coercive treatment.

Individuals whose needs fall outside the scope or capacity of existing systems of care can have difficulty finding and connecting with appropriate and effective services, and become mischaracterized as non-compliant and/or treatment resistant. Many individuals living with "Serious Mental Illness" have experienced inaccessible, inconsistent, ineffective, coercive, or harmful treatment from our fragmented healthcare system, such as:

- Previous experiences with the mental health system that have been alienating, traumatic, or led to broken trust.
- Clinical treatment that has been ineffective, harmful, or provides a narrow, one-size-fits all approach to addressing an array of complex needs.
- Lack of available or accessible treatment due to long waitlists, limited program operating hours, narrow eligibility criteria, maximum length of stay limits, and logistical barriers such as housing instability, food insecurity, lack of transportation, lack of social support, and financial cost of care with limited or no insurance.

Self-Directed Services literally meet people exactly where they are, and help clear the pathway to where they want to be. This program is a needed component of a world-class, equity-focused, and trauma-informed healthcare system for Maryland. By giving participants the autonomy, support, and financial resources to identify and overcome the specific barriers of their unique recovery journey, SDS programs will fulfill Marylander's expressed needs for services and supports that align with their goals, values, and vision for their future. **We strongly encourage a favorable report. Thank you!**