



Montgomery County Mental Health Advisory Committee

February 21, 2023

Written Testimony in Support of HB 322

Delegate Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Delegate Pena-Melnyk:

The Montgomery County Mental Health Advisory Committee (MHAC) is pleased to support **House Bill 322 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.

HB 322 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 HB 322 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, HB 322 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

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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%.¹⁹ Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%.²⁰ Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%.²¹ 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>

HB 322 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 HB 322.

Sincerely,



Susan Kerin
Chair, Montgomery County Mental Health Advisory Committee