



**Testimony before the House Health and Government Operations Committee**

**House Bill 1243: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications**

**March 2, 2021**

**\*\*SUPPORT\*\***

On behalf of the Maryland Chapter of the National Association of Social Workers, we are asking for your support for **House Bill 1243: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications.**

What HB 1243 does is expand on and improve the required data for the annual report on behavioral health services for children and young adults in Maryland. This report, developed in response to 2018 legislation, provides extensive information about the use of public behavioral health resources that helps ‘paint a picture’ of the use of resources and identify gaps, trends, or even overuse, particularly of high end services. In addition, we need to know and understand whether and how our services may be disproportionately allocated and made available to BIPOC.

Similarly, the Voluntary Placement Agreement report is intended to make information available to stakeholders to have the statewide view of parental requests and their outcomes. Without this information, each story, each anecdote is just that, one incident.

From the Behavioral Health Services report we know, for example, that Black youth are disproportionately high users of residential treatment services, but disproportionately low users of out-patient preventive services. This can help to sharpen our focus on identifying the obstacles to accessing and using preventive services. Are services delivered in a culturally competent manner, and engaging enough to appeal to these young people long before becoming high intensity users?

Similarly, the report reveals that fully 50% of the children who come to the emergency room with a behavioral health crisis are not in need of psychiatric hospitalization. That experience - which we can all agree isn’t curative for the child or the family - costs the state literally millions of dollars. This is the kind of data that clearly supports a plan for mobile crisis teams offering intervention long before the behavioral health crisis boils over, or making that emergency room visit unnecessary.

From our close review of the Behavioral Health Services and Voluntary Placement Agreements reports, we recognized that information was missing that could boost our knowledge to strengthen Maryland’s behavioral health services, especially about substance use disorder services. HB 1243 simply adds in those missing pieces. Our hope is to improve the racial equity lens through which Maryland’s behavioral health services, including substance use disorder, are planned and allocated, and to strengthen the delivery of behavioral health services as a whole. We ask for your support.

Judith Schagrin, LCSW-C  
Legislative Chairperson