



HB 1243
Behavioral Health Services and Voluntary Placement Agreements –
Children and Young Adults – Report Modifications

House Health and Government Operations Committee
March 2, 2021

FAVORABLE

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

MCF strongly supports HB 1243.

In 2018 the legislature passed HB 1577 – Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Reports. This bill was enacted in order to begin to gather data on the use of mental health services and Voluntary Placement Agreements by youth. The bill has brought much important information to light. Some things we have learned:

- Almost 12% of children, adolescents and young adults in the Public Mental Health System use the emergency department
- Only a handful of children and adolescents with mental health disorders participate in the 1915(i) program, which had been designed to keep youth out of high end placements such as residential treatment centers
- There is high use and high cost associated with the use of psychiatric rehabilitation programs (PRPs)
- Youth of color are over-represented in residential placements
- Most requests for a Voluntary Placement Agreement are denied

This information has been used to support the design and expansion of crisis services for youth, to improve utilization of the 1915(i) by revising eligibility regulations, to study how to reduce the use of PRPs, and to begin to examine how to make outpatient services more culturally-competent. In addition, the report has prompted an attempt to improve the Voluntary Placement Agreement policies and practices.

While HB 1577 was a good start, there are items that were overlooked. One of the more important of these was the requirement that data about substance use services be collected and reported. We have heard over the last few years that there is very little substance use treatment tailored and available to adolescents. In fact, recently all in-state residential programs to treat adolescents with substance use

disorders have closed (both ASAM levels 3.5 and 3.7). Is Maryland sending youth out-of-state, or are youth who meet the ASAM medical necessity criteria for residential substance use treatment not being appropriately served? We need data about availability, capacity, and utilization of substance use treatment services by adolescents and young adults.

Other changes in the bill relate to items that were also overlooked (the use of telehealth) or poorly worded (average vs. median). Finally, since the original data reports highlighted the need to break down data according to race and ethnicity for a better understanding, HB 1243 requires more of this disaggregation.

We urge a favorable report.

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