



**House Bill 935**

**Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)**

House Health and Government Operations Committee

March 9, 2022

**TESTIMONY IN SUPPORT**

My name is Karen Carloni and I am the Executive Director of Southern Maryland Community Network, Inc. We offer a range of community behavioral health services in Southern Maryland and serve both youth and adults. Currently, we serve approximately 1000 individuals per year of which about 100 are youth. We offer adult Supported Employment, Targeted Case Management, Psychiatric Rehabilitation, Residential Rehabilitation and Residential Crisis services, and youth In-Home Intervention and community-based Psychiatric Rehabilitation. We employ 72 staff members.

The need for quality mental health and substance use care has never been higher. We are in what the U.S. Surgeon General has called a “youth mental health crisis.” This crisis comes at a time when Maryland’s public behavioral health infrastructure, especially the continuum of care for children, is already in a perilous situation. Maryland has grappled for several years with bottlenecks to higher and lower levels of care for children and youth caused, in part, by the inadequacy and inaccessibility of intensive home and community-based services. This has led to substantial waitlists for treatment placements and psychiatric hospital overstays for adolescents. Since the pandemic, these problems have only gotten more acute. Between FY18 and FY21, emergency department visits by children under 18 for suicide attempts rose by 46%.

SB 637 includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care, including requirements that would ensure the expansion and accessibility of intensive services for children and youth.

SMCN has operated a psychiatric rehabilitation and intensive in-home program for more than 12 of our 41 years of services. Unfortunately, the reimbursement rates for any of the youth services have not kept up with the cost of service delivery, contributing to the razor thin financial margins on which our agency operates. Our youth program has not grown in scale during the entire 12 years of operation due to the barriers to treatment inherent in regulations, and posed by restrictive clinical and financial eligibility criteria. Our intensive in-home program, which we deliver under Maryland’s 1915i waiver has been plagued by both eligibility and program viability barriers leading to its stark underutilization. The reimbursement rate set for this service is roughly half of what it costs an agency to operate the model. Statewide, this has resulted in a lack of providers interested in providing the services, and the closure of the service

by those agencies who have tried to operate it. Although our program is still operating, we have served only a handful of children annually over the past several years. The enduring challenges with prohibitive eligibility criteria mean that virtually no families are able to access this service. The low enrollment rates further compounds that challenge for agencies like ours to sustain a financially viable service.

The demand for behavioral health care is at an all-time high however, the bar to accessing that care for youth has never been higher. When children and families are not able to access intensive community services they end up using emergency rooms and inpatient services at high cost to the state and traumatic cost to those families. The enhancements in this bill are needed now more than ever. **Southern Maryland Community Network urges this committee to pass HB935.**