



## **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 Catherine Meyers, and I am the Chief Executive Officer of Center for Children, a behavioral health provider serving Charles, Calvert, St. Mary's, Anne Arundel, Prince George's and Howard counties. The Center for Children serves over 4500 children and families a year providing wraparound care coordination in 5 counties and outpatient clinic and Psychiatric Rehabilitation in the three Southern Maryland counties as well as many other child focused programs and evidenced based models. Our agency is a 1915(i) provider for wraparound, as well as providing several Evidenced Based practices (Functional Family Therapy, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy).

I am in support of this bill as the need for quality mental health and substance use care has never been higher, and availability and access to intensive home and community-based services in Maryland has long been subpar. Home and community-based services like targeted case management and 1915i help stabilize families in crisis and keep children from requiring out-of-home placements. This saves the state money and yields the best clinical outcomes. We either pay more now for good, solid wraparound coordination for youth and evidenced based practices for children and families, or we pay a lot more later in life when these youth and families get even more involved in the systems that are longer term and more costly, including residential care, substance use treatment, juvenile detention or as adults..... prison. Evidence shows that children and families who are initially at risk who receive these services are at much lower risk to later enter into the systems. Center for Children knows this from experience as well as we have been serving families since 1998.

The problem is that the modest reimbursement rate increases over the years for TCM do not support the increasing cost of service delivery. Additionally, 1915i services have long been plagued by catastrophically low reimbursement rates compounded by eligibility barriers which result in very few children utilizing the service. The outcome then is that providers struggle to maintain viable programs, and children aren't able to obtain the support they need when they need it.

I would also hope that the State will expand who can provide the other 1915(i) services. We as an agency would love to hire an art therapist or music therapist for our children, or peer support professionals for our parents in our behavioral health services but the regulations are set up so that we as an agency cannot get license or reimbursed for the services that we would pay salaried staff to perform, a gross oversight in the regulations of the original 1915(i) implementation.

As an Adverse Childhood experiences master trainer, I know the impact of early experiences when intervention does not occur. The costs in health care, disease, substance use, homelessness, prison, missed days of work are all documented in the many studies over years of Adverse Childhood experiences and their long-term effects.

You have a chance to change the lives of Maryland's children and their future by supporting this legislation as well as to save the taxpayers of Maryland, now and in the future, a great deal of money on deep-end systems that are not as effective.

I encourage your support of the children and families of Maryland by voting in favor of HB935.