

**House Bill 1121 Maryland Mental Health and Substance Use Disorder
Registry and Referral System**

Health and Government Operations Committee

February 26, 2020

Position: SUPPORT WITH AMENDMENTS

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of HB 1121 with amendments.

HB 1121 would require the Maryland Department of Health to develop and implement a statewide Registry and Referral System through which health care providers can identify and access available inpatient and outpatient mental health and substance use services for patients in a seamless manner. The bill also establishes a committee to advise the Department in development of the system, and includes uncodified language requiring development of a behavioral health resource directory that is available to the public.

A lack of knowledge about available behavioral health resources in the community – among health care providers and the public at large – is a major factor in the overutilization of hospital emergency departments and acute care inpatient settings for mental health and substance use treatment. ED visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health needs jumped 18.5 percent during that time. In 2018, patients with mental health or substance use needs made up roughly a quarter of all ED visits in Maryland.¹ In 2017, the Maryland Hospital Association (MHA) issued a report finding that behavioral health patients experience longer inpatient hospital stays due in part to difficulty accessing behavioral health in other settings when appropriate.²

These issues are even more profound for Maryland youth. The same 2017 MHA report found “an alarming increase” in the length of wait times for younger patients. Some children were hospitalized for more than 100 days past what was medically necessary while awaiting transfer.

An up-to-date registry and referral system that health care providers could use to identify behavioral health resources in the community could help to hasten discharge from hospital EDs to more appropriate community settings.

¹ <https://www.baltimoresun.com/health/bs-hs-emergency-behavioral-health-care-20180125-story.html>

² <https://www.mhaonline.org/docs/default-source/publications/roadmap-to-an-essential-comprehensive-system-of-behavioral-health-care-for-maryland.pdf?sfvrsn=2>

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Further, the public behavioral health resource directory outlined in the uncodified language of HB 1121 could help to *reduce* ED utilization by increasing awareness of community mental health and substance use options that could *prevent the need* for emergency treatment.

In a survey of over 1,000 Marylanders commissioned in 2017 by the Maryland Behavioral Health Advisory Council³, the responses showed that sometimes people think a behavioral health service exists in their jurisdiction when it does not, and sometimes people do not know a service exists when it does. A single coordinated directory could ensure everyone is privy to the same easy-to-access information about available resources.

The Referral and Registry System and the public behavioral health resource directory required by this bill will help to ensure that Marylanders with behavioral health needs are able to access the most appropriate services in the most appropriate settings within a reasonable amount of time. **Accordingly, MHAMD supports HB 1121 and offers the following minor amendments we believe will make this good bill even better:**

Amendment No. 1

On page 3, line 18, after “SERVICES;” add: “(VI) ONE REPRESENTATIVE FROM A BEHAVIORAL HEALTH CONSUMER ADVOCACY ORGANIZATION; (VII) ONE REPRESENTATIVE FROM A LOCAL BEHAVIORAL HEALTH AUTHORITY;”

Rationale: The amendment adds two key stakeholders to the Advisory Committee. Local Behavioral Health Authorities are the system managers at the local level, and some provide direct services. Their expertise and knowledge of system needs will be useful in designing a well-functioning Registry and Referral System. And, as the biggest impact of this bill may be felt by behavioral health consumers, it is essential that the Advisory Committee include a consumer representative.

Amendment No. 2

On page 4, line 10, after “location,” add: “payers accepted,”

Rationale: A critical piece of information for Marylanders in search of behavioral health services is whether the identified provider accepts private insurance, Medicaid, Medicare, etc.

³ <https://bha.health.maryland.gov/Documents/The%202017%20Strategic%20Plan%2024-7%20Crisis%20Walk-in%20and%20Mobile%20Crisis%20Team%20Services.pdf>