

Strengthen Behavioral Health in MD

Support Senate Bill 637 / House Bill 935

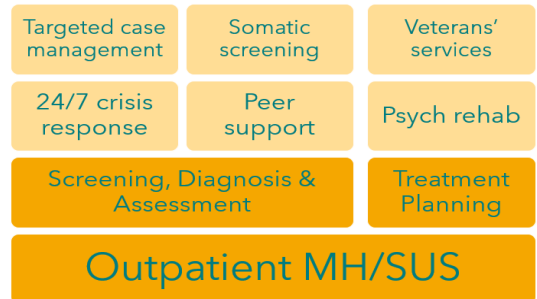


The pandemic has dramatically increased demand for mental health and addiction services. Modernizing Maryland's public behavioral health system will create the capacity to meet rising demand effectively. Investments included in Senate Bill 637 / House Bill 935 build a stronger behavioral health system for Maryland's future.

Sect. 2 Ensure statewide access to Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Centers (CCBHCs) were created by the federal Excellence in Mental Health and Addiction Act and are based on the Federally Qualified Health Center model – with a behavioral health focus – that incorporates a comprehensive array of services available to those in need, regardless of insurance status or inability to pay. The requirements for becoming a CCBHC are rigorous, and include the provision of certain services, including 24/7 mobile crisis teams.

A recent five-year evaluation of the original eight CCBHC demonstration states showed impressive outcomes in the following areas: increased access to care; reductions in emergency department and hospital utilization; mitigation of workforce challenges; improved initiation/engagement in services following an inpatient stay, and; increased access to medication-assisted treatment (MAT) for those with opioid use disorders.



✓ Improving Access to Care

- In New York, the number of Medicaid clients served increased by 21% in the first year. Nearly a quarter of these individuals had not received a behavioral health service in the prior three years.
- In Missouri, of those engaged in care who had some type of prior law enforcement involvement, nearly 70% had no further law enforcement involvement at six months.
- In New Jersey, CCBHCs nearly doubled the number of clients receiving MAT from year one to year two.
- Missouri reported a 122% increase in MAT from baseline to year 3.
- Oklahoma reported a 700% growth in MAT from the year prior to CCBHC implementation to year four of the demonstration.

CCBHCs across the states reported an increased ability to hire new staff, including adult and child psychiatrists, nurses, social workers, and peer specialists.

✓ Reducing Reliance on Hospi-

- Oklahoma's three CCBHCs reduced the proportion of clients seen in emergency departments by 18-47% (rates varied by clinic) and those admitted to inpatient care by 20-69% over the first four years of the program, compared to baseline.
- Missouri reported that of total CCBHC clients with a prior emergency department visit, 76% experienced reduced emergency department visits and utilization.
- New York's all-cause readmissions dropped 55% after year one.
- In New Jersey, the rate of follow-up after hospitalization for mental illness nearly doubled in year two.
- In Missouri, the year three, CCBHCs had a 75% rate of 30-day post hospitalization follow-up for adults hospitalized with mental illness, compared to a statewide average of just 33% for Medicaid providers.

Learn more Read the National Council for Mental Wellbeing's [Transforming State Behavioral Health Systems: Findings from the States on the Impact of CCBHC Implementation](#) (Oct 2021)

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The U.S. Surgeon General recently took the rare step of issuing a public health advisory on youth mental health, noting that the pandemic has had a “devastating” impact on children.

In Maryland, the youth mental health crisis is reflected in a sharp rise in emergency visits for suicide attempts among children, as well as a growing number of children seeking services.

The pandemic has disrupted traditional referrals from schools and pediatricians, as well as complicating the use of telehealth in an era of virtual schooling. **On top of these challenges, Maryland has made a series of policy changes that have restricted access to services that offer in-home support to children with serious mental health conditions.** Senate Bill 637 / House Bill 915 offers a series of policy reforms that will begin improving access to care.

According to data from the Maryland Department of Health, between FY18 and FY21, for ages 0—17:

+ 46.3% increase in Emergency Department visits for suicide attempts.

- 6.2% decrease in children using Medicaid-funded mental health services. *

**Problems with the ASO reduce data reliability. We note provider-reported data indicates a decline in child census by 10% (outpatient services) to 40% (specialty services).*

Subtitle 11 Maryland needs to ensure appropriate services for children are available where and when needed.

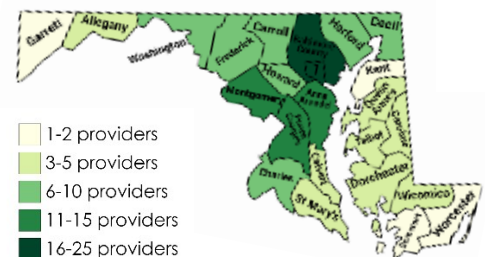
Subtitle 11 requires the Maryland Department of Health to review training and reimbursement for intensive child services, known as case management, wraparound services, and intensive in-home services. These programs are designed to keep high-risk youth from out-of-home placement and inpatient services. Historically, utilization of the intensive child services has fallen far short of projected need. For example, the 1915(i) program has been projected to serve 200 children annually, but has had only 7 children enrolled at points in the past year.

The underuse of these programs coincides with increases in hospital overstays, and bottlenecks to both higher and lower levels of care. Aligning eligibility, funding, referral flow, and program volume is required to ensure that these intensive services are available for the high-risk children who need them.

About Us

The Community Behavioral Health Association of Maryland (CBH) seeks to improve the quality of behavioral health care and access to treatment.

We represent 95 organizations providing mental health and addiction treatment to Maryland residents. Our members encompass over 810 service sites, 180,000 individuals served and 13,000 employees.



learn more For details on CBH priorities, see mdcbh.org/public-policy.

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