



Sheppard Pratt

Written Testimony

Senate Finance Committee
House Health and Government Operations Committee

**SB637 / HB935 Health and Health Insurance - Behavioral Health Services –
Expansion (Behavioral Health System Modernization Act)**

February 21, 2022

Position: SUPPORT

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt **support of SB637 / HB935 Health and Health Insurance - Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

This bill brings much-needed upgrades to Maryland’s behavioral health system, using evidence-based practices and approaches shown to be successful in other states. These improvements align with Maryland’s Total Cost of Care Model and are designed to alleviate current pressure points in our hospitals and on emergency responders. Each of the five components of the bill is important, but our remarks will focus on three initiatives: 1) expanding the use of measurement-based care, 2) implementation of Certified Community Behavioral Health Clinics (CCBHCs), and 3) improvements to the Targeted Case Management and 1915(i) programs for kids. Sheppard Pratt is supportive and will outline our support for the three initiatives.

Measurement-based care is an evidence-based practice that involves the systematic collection of data to monitor treatment progress, assess outcomes, and guide treatment decisions. Most are familiar with this in our primary care settings. For example, a health care practitioner assesses for conditions, such as high blood pressure, prescribes an intervention, and then routinely checks that the intervention taken is working. If the patient’s blood pressure does not improve, a new intervention may be necessitated. This same approach of constant assessment and change of intervention if progress is not shown has been missing in behavioral health, in part because of the lack of reimbursement for measurement-based care codes in behavioral health settings. This bill would change that.

At Sheppard Pratt we are using measurement-based care systems in our outpatient and school-based mental health programs. For example, our therapists send well known assessment tools for clients to complete to measure progress for symptoms of depression and anxiety. Not unlike a blood pressure score, the outcome measurement scores measure the severity of depression or anxiety symptoms. If the scores do not improve for items like sleep, appetite, mood, or suicidal thoughts, we know we need to change the treatment plan or type of medication.



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The scores are essential to our work, just like a blood pressure cuff or lab result. Setting up outcome measurement systems and training staff both take time and funding is not typically available in outpatient mental health settings.

The second component – 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 (FQHC) model that incorporates a comprehensive array of services available to those in need, regardless of insurance status or ability to pay. The requirements for becoming a CCBHC are rigorous, and require the provision of certain services, including 24/7 mobile crisis teams. A recent five-year evaluation of the original eight demonstration states showed remarkable outcomes, including significant reductions in emergency department utilization and all-cause readmissions to hospitals. There are currently five organizations that have received two-year federal grants to implement the CCBHC model in Maryland located in Montgomery, Anne Arundel, and Prince George’s Counties, and Baltimore City.

Sheppard Pratt received two CCBHC two-year grants for the Baltimore region. The grants have allowed our clinics to expand and serve additional clients, provide training for staff, partner with other organizations for mobile crisis and primary care services, and develop case management to address social determinants of health. To date, our nurse care coordinators delivered over 4,300 care coordination services and over 1,100 connections to primary care. These services reduce emergency room use and hospitalizations for a medically complex behavioral health population. We urge adoption of the CCBHC model before these the five Maryland federal grants run out and the associated communities lose access to enhanced behavioral health services.

The third component focuses on improvements to evidence-based services for children and youth. For too long now Maryland’s children with behavioral health needs have been denied access to the kinds of community-based services empirically shown to reduce avoidable emergency department visits, inpatient care, and out of home placements. Our hospitals report significant problems in finding appropriate placements for children and young adults stuck in emergency departments for hours or days. Part of the problem has been unreasonably high eligibility requirements for youth to access the rapid, quality services and below-industry-standard reimbursement rates for providers. Wraparound, functional family therapy, and other evidence-based models can promote the strengths of families and communities by providing earlier more effective interventions.

Sheppard Pratt serves children and adolescents across the continuum from inpatient hospitalization to school-based counseling. We have a contract to provide Multi-Systemic Therapy for Department of Juvenile Services referred youth that is significantly underfunded and could serve many more youth if the funding was improved and the contract expanded. Maryland has tried unsuccessfully for years to create systems of care to implement earlier interventions to at-risk youth and families and to avoid the increased costs of residential treatment and hospitalizations. This bill is an opportunity to enhance treatment for children who need more than traditional therapy and to prevent high-cost utilization in more expensive interventions.



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We now face a time of unprecedented demand for behavioral health services, and with a structural budget surplus, now is the time for these needed investments in our behavioral health system.

Sheppard Pratt urges you to vote a favorable report on **SB637 / HB935 Health and Health Insurance - Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)**.

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.