



**Senate Bill 637 Health and Health Insurance - Behavioral Health Services - Expansion
(Behavioral Health System Modernization Act)**

Finance Committee

February 23, 2022

TESTIMONY IN SUPPORT

My name is Paul Galdys, Deputy CEO with RI International. I am a former Assistant Director in Arizona Medicaid and served as the lead writer for the SAMHSA *National Guidelines for Behavioral Health Crisis Care* published in 2020. Our organization is the largest facility-based crisis provider in the country with contracts in 10 states and we also deliver crisis system design consulting services to several other states throughout the nation.

The need for quality mental health and substance use care has never been higher. An estimated 2,876 Marylanders lost their lives to overdose between April 2020 and April 2021, a rate that ranked 7th highest in the country during that period. In February 2021, nearly 40% of Marylanders reported symptoms of anxiety or depression, yet nearly a third of those individuals were unable to get needed counseling or therapy. Despite evolving focused responses through fire, EMS, law enforcement and hospital emergency departments for individuals experiencing urgent challenges in our communities, individuals in mental health and/or substance use crisis often don't have a viable option. Law enforcement have become the defacto responders for these healthcare issues; resulting in individuals cycling in and out of our justice system for minor offenses or waiting in emergency departments for hours or even days to access mental health and/or substance use care.


Federal funding support for the advancement of mental health and/or substance use care has never been higher with an established SAMHSA Mental Health Block Grant crisis service funding set-aside, a national 988 system set to go live on July 16th, 2022, enhanced 85% Medicaid federal funding match for mobile crisis response and a 10% Medicaid HCBS federal funding match increase for the next three years that offers a path to implementing services that improve access to care. Additionally, federal support to enforce healthcare parity law is at an all-time high; pushing insurers to reimburse for vital crisis services instead of deferring these costs to states, counties or our justice system. The current default to law enforcement response disproportionately impacts communities of color in a manner that widens the justice system involvement and health disparities realized by underserved populations.

SB 637 can help. This bill includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. It will increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics, improve health outcomes and treatment quality by increasing the use of measurement-based care in behavioral health and primary care settings, strengthen the behavioral health workforce by expanding resources for peer support networks and peer recovery specialists, improve care for children and youth by increasing the availability

of home- and community-based wraparound services, and reduce reliance on law enforcement and emergency departments by ensuring stable reimbursement for crisis response services.

As a provider looking to initiate true no-wrong-door crisis receiving center services in Maryland, we greatly appreciate the one-time funding that is available to start delivering a continuum of mental health and substance use treatment services that offer immediate access to care. However, without creating sustainable reimbursement structures that pay for those services in a manner that aligns with the cost of delivering care, it will be difficult to continue offering these services despite the one-time investment from the state and/or county. Additionally, we do not believe the state should be positioned to pay for the care of individuals who have healthcare coverage through a responsible insurance provider. The Medicaid and commercial payer reimbursement expectations of SB 637 make this positive change all possible in Maryland!

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. Our RI International team urges this committee to pass SB 637.

A handwritten signature in black ink, appearing to read 'Paul Galdys', is positioned above the printed name.

Paul Galdys
Deputy CEO
RI International