



SB 637

Behavioral Health Modernization Act

Senate Finance Committee

February 23, 2022

POSITION: FAVORABLE

Good Afternoon Chairwoman Kelley, Vice Chair Feldman and members of the committee. My name is Cari Guthrie Cho and I am the President and CEO of Cornerstone Montgomery. We have been meeting the behavioral health needs of Montgomery County for over 50 years, and with a staff of 350 and the capacity to serve up to 3,000 individuals each year, Cornerstone Montgomery is the largest service provider in Montgomery County.

The Behavioral Health Modernization Act covers a lot of areas, and I would like to focus my testimony on the Certified Community Behavioral Health Center (CCBHC) model. Cornerstone Montgomery has been a CCBHC since 2018 through a SAMHSA grant, and our adoption of this model has allowed us to better serve the residents of Montgomery County.

Since becoming a CCBHC, Cornerstone Montgomery has added 1098 clients to our programs with 53% of these being Outpatient Mental Health Clinic participants. We were able to add a second Assertive Community Treatment (ACT) team and bring in over 100 new clients to the program, doubling our capacity to serve some of the most challenging to treat clients - many of whom are repeat admissions to emergency departments, hospitals and jail. By expanding these services we have seen both emergency department visits and hospitalizations trending downward, with emergency department visits decreasing at a rate of nearly five times faster than hospitalizations. To provide specifics, across all of Cornerstone Montgomery programs, hospitalizations were down between 28 and 36% each year and Emergency Department visits were down 20% in 2019, 30% in 2020 and 59% in 2021 - saving the State millions of dollars in unnecessary visits. The reduction of emergency and hospital visits in our ACT program alone saved the state over \$2 million.

One of the most common frustrations with seeking treatment for a mental health or substance use condition is the wait time for an intake and first appointment. As a CCBHC, Cornerstone Montgomery has been able to implement same day access so that a person seeking treatment can be evaluated and complete an intake assessment within 24-hours of first contact.

Research shows that adults with serious mental health disorders die on average 20 years earlier than adults without a mental illness. This is due in part to an inability to effectively manage their physical health due to symptoms of their mental health, and also to an inability to

effectively communicate their needs to a primary care doctor, or their symptoms being attributed to their mental illness. As a CCBHC, Cornerstone Montgomery was able to add CNAs and LPNs to our programs and have seen success in helping clients bridge some of the treatment gaps. Over the last 4 years, nearly 400 Cornerstone Montgomery residential clients received services from a CNA or LPN with 74% receiving one to five services, 13% receiving six to ten, and 24% receiving eleven or more services. Services provided include hands-on support with personal hygiene, nutrition, and medical follow up recommendations from doctors. We believe that this has had a significant impact upon the hospitalizations and ED visits. Additionally, we have implemented a Smoke Free policy and are able to provide smoking cessation materials and support to clients as part of the CCBHC grant. Through these supports, 8 chronic smokers have reported quitting 100% with many more reporting a reduction in the amount they smoke. In addition, Cornerstone Montgomery will be partnering with Johns Hopkins to implement evidence based smoking cessation treatments for smokers with serious mental illness. The Johns Hopkins Alacrity Center for Health and Longevity in Mental Illness is leading IMPACT - a 12-month research project. Alacrity will train providers in evidence-based smoking cessation treatments to deliver to clients that smoke in the mental health outpatient clinic setting. Smoking cessation treatment involves behavioral counseling and pharmacotherapy.

The COVID19 pandemic highlighted the increasing need for mental health services for children and adolescents and Cornerstone Montgomery used CCBHC grant money to expand our Outpatient Mental Health Clinic to serve children 12 and older, with plans to further expand to serve ages 5 and older. Though a still relatively new expansion in our OMHC, we have received 23 referrals many directly from the school system - we are currently treating 6 adolescent clients and 5 more are scheduled for intake over the next few weeks.

Montgomery County is a diverse County where many languages are spoken. Cornerstone Montgomery is committed to serving all members of our community and in 2019, was able to implement an on-demand video translation program. Our annual translation usage by minute has increased exponentially - in 2019, we used 904 minutes of translation services, 1,482 minutes in 2020 and in 2021 we used 14,419 minutes. We served 45 clients who speak 21 different languages. Languages most commonly used since 2019 include American Sign Language (10,212 minutes), Amharic (1,383 minutes), Arabic (153 minutes) and Cantonese (237 minutes).

Nationally, CCBHC's are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment (MAT), the "gold standard" in substance use care. Many of the individuals Cornerstone Montgomery serves are dually diagnosed with mental health and substance use disorders. Cornerstone Montgomery currently provides MAT and prescribes

Suboxone and other substance use medications. While we do not prescribe Methadone, we do work with clients in active Methadone treatment. Cornerstone Montgomery is committed to treating both illnesses concurrently and in addition to our Integrated Treatment for Co-Occurring Disorders program, we plan to add Substance Use Disorder services and obtain our Substance Use Disorder certification this year to expand the number of individuals eligible for our services.

Being a CCBHC has benefited not only Cornerstone Montgomery as an agency, but Montgomery County as a community. We have been able to expand services and implement new programs to better serve the growing needs of our community. It is time for Maryland to invest in the lives of its most vulnerable and commit to implementing and funding CCBHCs. We respectfully request a favorable report on SB637.