

# **NCADD-MD - SB 637 FAV - BH Modernization.pdf**

Uploaded by: Ann Ciekot

Position: FAV



**Senate Finance Committee  
February 23, 2022**

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

**Support**

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 637, a bill to make our public behavioral health system better meet the needs of Marylanders.

This piece of legislation includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. NCADD-Maryland is especially interested in increasing resources for peer support services. Peers work in treatment programs, recovery residences, recovery and wellness centers, and with outreach teams. They provide a variety of support to people in treatment for and in recovery from mental health and substance use disorders. Services can include helping people look for housing and employment opportunities, find transportation and child care, and engage in supportive conversation about a person's struggles in recovery. Peers by definition have lived experience and are sometimes better able to connect with people with behavioral health problems.

Because peers work in a variety of settings, both components of the bill that impact resources for peers are necessary. Not all services provided by peers should be reimbursed by Medicaid and not all programs that employ peers should have to bill Medicaid. Grant funding is needed to ensure wellness and recovery centers, as well as recovery residences can hire and retain staff. These are non-clinical settings where peers provide support based on an individual's needs.

Medicaid reimbursement for peer services is something that most states currently do. Maryland is behind the times, and only last month, announced it has communicated with the Centers for Medicare and Medicaid Services that it intends to move forward on this. NCADD-Maryland is eager to work with Maryland Medicaid to ensure peer reimbursement happens in an effective way, and takes place with peers and programs that serve people with substance use disorders and/or mental health disorders. Commercial insurance carriers should also examine how they can incorporate reimbursement for these services as a person's insurance coverage type should not limit the services they have access to.

As the demand for substance use and mental health treatment is at an all-time high, we need to make sure Maryland's public behavioral health system is able to meet people's needs in an efficient and cost-effective manner. The proposals in SB 637 will help move Maryland in that direction. We urge a favorable report on SB 637.

**MCF\_Fav\_SB 637.pdf**

Uploaded by: Ann Geddes

Position: FAV



## **SB 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)**

**Committee: Senate Finance Committee**

**Date: February 23, 2022**

**POSITION: Support**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

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MCF enthusiastically supports SB 637.

SB 637 does a number of things to improve the delivery of behavioral health services in Maryland. I want to address the component that aims to strengthen the two community-based program for children and adolescents: **the Targeted Case Management (TCM) and 1915(i) programs** that were established through a Medicaid State Plan Amendment in 2014. These programs were intended to provide an intensive level of treatment through the “wraparound” process, which is the gold standard for treating children and adolescents with more intensive mental health needs.

For a variety of reasons, the TCM and 1915(i) programs have not reached the numbers of youth who could benefit from them. From their inception, low numbers of youth have engaged in these programs. Instead, the numbers of children in Psychiatric Rehabilitation Programs (PRPs) has remained very high, and continues to grow.

<u>Program</u>	<u>Number of Enrollees<sup>i</sup></u>		
	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>
PRP	16,075	18,299	21,805
TCM	1,965	2,325	2,514
1915(i)	55	54	31

With such low numbers of kids enrolled, there is little cost benefit to become a provider of services in the TCM and 1915(i) programs.

Moreover, the rates for providers are low. The 1915(i) was meant to be the service with the most intensive level of care for children with the most severe and complicated behavioral

health problems. Nonetheless, data from FY2019 shows that it has **lowest** average annual cost per child:

PRP:           \$3,726/ child  
TCM:           \$3,275/child  
1915(i):       \$3,045/child

While a beneficial service, PRP is not the gold standard for treating children with intensive mental health needs. Wraparound is.

Why has there not been much uptake of these two programs that are based on the Wraparound model of serving children?

- Too stringent eligibility criteria
- Limited array of services because of limited numbers of providers (low rates)
- Lack of appeal to families, and families enrolled have low satisfaction, so drop out
- Referrals are not being made

The programs must be strengthened by:

- expanding eligibility criteria to allow more children to receive services, including a specified number of non-Medicaid eligible children
- requiring the use of high fidelity wraparound and certain evidence-based practices
- establishing reimbursement rates to providers that are commensurate with industry standards, especially for evidence-based practices
- Establishing in BHA's budget sufficient dollars for Customized Goods and Services (things such as art therapy, equine therapy, martial arts classes, therapeutic summer camps), which are not covered by Medicaid, but can have a profound impact on a child's recovery. Customized Goods and Services are one component of the TCM and 1915(i) programs, but currently extra dollars have to be found by BHA when available
- Expanding the programs to serve youth with substance use problems

This would be a good start to strengthening these programs. Maryland is sorely lacking in quality, intensive community-based services for children and adolescents. This contributes to hospitalizations and the need for residential placements. We could go a long way to solving the problem of overutilization of emergency departments and hospitals by strengthening the TCM and 1915(i) programs. We urge a favorable report on SB 637.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
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**Columbia, Maryland 21044**  
**Phone: 443-926-3396**  
[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)

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<sup>i</sup> Latest available data , "Report on Behavioral Health Services for Children and Youth," MDH, FY17, FY18, FY19.

**SB 637\_PJC\_Support.pdf**

Uploaded by: Ashley Black

Position: FAV



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## SB 637

### Health & Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act) Hearing of The Senate Finance Committee

February 23, 2022

1:00 PM

## SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. **PJC strongly supports SB 637**, which would require the Maryland Medical Assistance (Medicaid) Program to provide reimbursement for certified peer support specialists, measurement-based care and crisis response. It would also require other insurers, health plans and organizations to provide coverage for certain behavioral health services.

Prior to the pandemic, community-based behavioral health services for low-income adults and children were already scarce and in high demand. With the rise in depression, suicide and substance use, there is now an even greater demand for community-based behavioral health services. In fact, there are 16 counties in Maryland that are experiencing a mental health professional shortage. When behavioral health services are not available in the community, children and adults can cycle in and out of emergency rooms for crisis stabilization and can experience unnecessary contact with law enforcement, which can be dangerous for individuals with behavioral health disabilities in crisis. These issues greatly impact PJC's clients, most of whom must rely on Medicaid when in need of behavioral health services.

SB 637 would reform Maryland's behavioral health system by expanding evidence-based behavioral health services in the community and enhancing care coordination. The bill identifies that peer support is important for the long-term recovery and empowerment of individuals with behavioral health disabilities. SB 637 would also increase home and community based wraparound services, thus improving behavioral health outcomes for children and youth. Finally, if passed, SB 637 would expand certified community behavioral health clinics and enhance crisis response services. All of these components are essential to, preventing hospitalization and increasing long-term recovery.

*The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.*

It is time to reform Maryland's behavioral health system to meet the needs of children and adults. For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 637**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).



# **SB0637 - Health and Health Insurance - Behavioral**

Uploaded by: Billina Shaw

Position: FAV



# THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

**BILL:** SB637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)

**SPONSOR:** Senator Augustine

**COMMITTEE:** Finance

**CONTACT:** Intergovernmental Affairs Office, 301-780-8411

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**POSITION:** SUPPORT

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The Office of the Prince George's County Executive **SUPPORTS Senate Bill 637**, which requires the Maryland Medical Assistance Program to provide reimbursement for behavioral health peer recovery, measurement-based care, and crisis response services. It requires insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and reimbursement for critical behavioral health services, which will increase availability of home- and community-based wraparound services and reduce reliance on law enforcement and emergency departments for crisis care.

The Federal government mandated launch of the 9-8-8 mental health crisis hotline is expected to create a 3 to 5-fold increase in calls for mental health-related emergency services. Individuals calling 9-8-8 will need community resources that are not in existence at this time or are currently underfunded, such as mobile crisis services and a crisis receiving center. Most of these services rely on inadequate and temporary grant funding.

**Without stable funding streams for mental health crisis services, citizens will call a hotline that does not have anything available to help them.** This will be a frustrating experience and could discourage them from seeking mental health services in the future. **SB637** establishes sustainable, insurance-based funding streams for mental health services – which are in higher demand than ever due to the COVID-19 pandemic.

Ensuring proper response to mental health crises can be a matter of life and death – people with mental illness are 16 times more likely to be shot and killed by police.<sup>1</sup>

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<sup>1</sup> Center for Law and Social Policy, <https://www.clasp.org>

The numbers are even higher for black people with mental health conditions.<sup>2</sup> Approximately 10% of all police contacts involve people with serious mental illness, and yet, we do not equip our emergency response systems with the services needed to safely address these needs.<sup>3</sup> Passing **SB637** will codify funding streams for crisis services to ensure mental health professionals are sustainably integrated into emergency response systems.

For the reason stated above, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 637** and asks for a **FAVORABLE** report.

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<sup>2</sup> Center for Law and Social Policy, <https://www.clasp.org>

<sup>3</sup> *ibid*

# **SB637 Cornerstone Montgomery.docx.pdf**

Uploaded by: Cari Cho

Position: FAV



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.

**SB0637\_BIAMD\_fav (3).pdf**

Uploaded by: Catherine Mello

Position: FAV





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

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

The Brain Injury Association of Maryland is a 39-year-old organization providing education, advocacy, and research. One of our primary missions is to operate an information and assistance hotline as part of the no wrong door system for accessing long-term care services. We respond to over 300 calls per month from individuals, family members, and professionals seeking information and assistance to help people living with brain injury, many seeking behavioral health supports.

An estimated 120,000 Marylanders are living with the long-term cognitive, physical, and emotional changes as a result of a brain injury. A history of brain injury increases the risk of depression, anxiety, substance use, and suicide<sup>1</sup>. One study showed that even a mild brain injury increases the risk of mental health symptoms in the first 6 months after injury<sup>2</sup>. 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.<sup>3</sup> Those who survived an overdose are now living with an anoxic or hypoxic brain injury. Ensuring that the behavioral health system in Maryland has the capacity and expertise to address the needs of people living with brain injury and co-occurring behavioral health conditions is critical.

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 peers 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.

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. The Brain Injury Associations of Maryland requests that the Finance Committee give a favorable report to SB637

Additional Resources:

[Treating Patients with Traumatic Brain Injury-SAMHSA](#)

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<sup>1</sup> [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-05-03-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-05-03-001.pdf)

<sup>2</sup> Stein MB et al. Posttraumatic stress disorder and major depression after civilian mild traumatic brain injury: A TRACK-TBI study. *JAMA Psychiatry*. January 30, 2019.

<sup>3</sup> Keating, Dan; Bernstein, Lenny. "100,000 Americans died of drug overdoses in 12 months during the pandemic." *Washington Post*, November 17, 2021.

<https://www.washingtonpost.com/health/2021/11/17/overdose-deaths-pandemic-fentanyl/>

# **MC Federation of Families Testimony in Support of**

Uploaded by: Celia Serkin

Position: FAV



**Montgomery County Federation of Families for Children's Mental Health, Inc.**  
**13321 New Hampshire Avenue, Terrace B**  
**Silver Spring, MD 20904**  
**301-879-5200 (landline phone) 301-879-0012 (fax)**  
**[www.mcfof.org](http://www.mcfof.org) (website)**

**FAVORABLE**  
**Senate Finance Committee**  
**TESTIMONY IN SUPPORT**

**SB 637 Behavioral Health System Modernization Act**  
**Submitted by**  
**Montgomery County Mental Health Advisory Committee**

February 23, 2022

Senator Delores G. Kelley  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Chairwoman Kelley and the Respected Members of the Finance Committee:

**The Montgomery County Federation of Families for Children's Mental Health, Inc. is pleased to support SB 637 Behavioral Health System Modernization Act.**

The Montgomery County Federation of Families for Children's Mental Health, Inc., is a charitable nonprofit family peer support organization that provides individualized and group family peer support, information and referral, education, advocacy, and leadership opportunities to Montgomery County parents and other primary caregivers who have children, youth, and/or young adults with behavioral health needs (mental health, substance use, or co-occurring challenges). We also help youth and young adults who have these challenges achieve positive outcomes. The staff and the Board of Directors of our organization are all parents who have raised youth with behavioral health challenges.

**As the data below illustrates, the need for quality mental health and substance use care has never been higher.**

- 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.<sup>1</sup>
- Over 45 percent of Maryland youth aged 12-17 who have depression did not receive any mental health care in the last year.<sup>2</sup>
- 650 Maryland lives were lost to suicide last year. 188,000 adults had thoughts of suicide.<sup>3</sup>
- Suicides among Marylanders aged 18-25 increased by 80% from the first half of 2020-2021.<sup>4</sup>
- The largest increase in suicide attempts and emergency department visits has been among Marylanders aged 65+ (over 90% increase from 2018-2021).<sup>5</sup>
- 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.<sup>6</sup>
- Maryland has 48 federally designated mental health professional shortage areas,<sup>7</sup> including 16 entire counties.<sup>8</sup>
- Maryland hospitals saw more than 417,000 visits for behavioral health crises in 2019.<sup>9</sup>

**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.

**Children, youth, and young adults with behavioral health challenges and their families will benefit tremendously from the reforms and enhancements included in SB 637.**

- The bill will increase Comprehensive Community-Based Treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs). States that have implemented CCBHCs broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.
- The bill requires Medicaid and other health insurers to reimburse for measurement-based care in behavioral health care settings and for treatment delivered via the Collaborative Care Model (CoCM) in primary care settings.
- Family, youth and adult peer support is an essential component of Maryland's behavioral health workforce. Peer they use their own lived behavioral health experience to assist others in navigating treatment systems and recovery support services. The bill provides guaranteed yearly funding for Maryland's community peer support network and requires Medicaid and other health insurers to reimburse for services performed in clinical settings by certified peer recovery specialists.
- The bill will improve the care for children and youth by increasing the availability of home- and community-based wraparound services. SB 637 takes several steps to improve state programs that were established to deliver High-Fidelity Wraparound services to children and youth, including expanding eligibility for families with commercial insurance, increasing reimbursement to encourage more provider participation, and requiring a state review and recommendations for expanding eligibility, particularly as relates to children with substance use disorders. On January 25, 2022, "Intensive Care Coordination Using a High Fidelity Wraparound Process" (i.e., Wraparound or High Fidelity Wraparound) was added to the inventory of research-supported programs listed in the Prevention Services Clearinghouse, which is maintained by the Administration for Children and Families (ACF). (<https://nwi.pdx.edu/wraparound-care-coordination-added-to-inventory-of-programs-in-prevention-services-clearinghouse/>)
- This bill will reduce reliance on law enforcement and emergency departments by enhancing Maryland's network of crisis calls centers, mobile crisis teams, and crisis stabilization facilities.

**The demand for behavioral health care is at an all-time high. The reforms and enhancements in this bill are needed now more than ever. The Montgomery County Federation of Families for Children's Mental Health, Inc. urges this committee to pass SB 637.**

We appreciate your ongoing commitment to helping children, youth, and young adults with behavioral health challenges and their families in Maryland.

Sincerely,



Celia Serkin  
Executive Director

## FOOTNOTES

<sup>1</sup><https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

<sup>2</sup><https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

<sup>3</sup><https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

<sup>4</sup>Maryland Department of Health Briefing to the House Health and Government Operations Committee. September 15, 2021

<sup>5</sup>Maryland Department of Health Briefing to the House Health and Government Operations Committee. September 15, 2021.

<sup>6</sup>Keating, Dan; Bernstein, Lenny. "100,000 Americans died of drug overdoses in 12 months during the pandemic." Washington Post, November 17, 2021. <https://www.washingtonpost.com/health/2021/11/17/overdose-deaths-pandemic-fentanyl/>

<sup>7</sup>Health Resources & Services Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>8</sup>Rural Health Information Hub, <https://www.ruralhealthinfo.org/charts/7?state=MD>

<sup>9</sup><https://www.fundmd988.org/>

**YAB-SB0637 BH System Mod Act final.pdf**

Uploaded by: DaeJanae Day

Position: FAV



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

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

Prince George's County Youth Action Board (PGC YAB) works to create safe environments that help support youth and young adults with long term goals, identify and connect to resources, and create youth led opportunities. PGC YAB was established November 2019 under the Youth Homelessness Demonstration Program (YHDP), a \$3.4 million federally-funded grant through the U.S. Department of Housing and Urban Development (HUD) to end and prevent youth homelessness. We are recognized publicly as a force to drive policy and practice for ending homelessness and identifying resources, particularly around mental health services.

The need for quality mental health and substance use care has never been higher. Over 45 percent of Maryland youth aged 12-17 who have depression did not receive any mental health care in the last year, and suicides among Marylanders aged 18-25 increased by 80% from the first half of 2020-2021.

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 peers 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.

There is a significant degree of overlap between the populations of those experiencing homelessness and behavioral health conditions. We have partnered with the Core Team of our County's US Substance Abuse and Mental Health Services Administration funded Systems of Care grant for this reason. A financially sustainable crisis system including the appropriate billing codes for mobile crisis and crisis receiving centers is crucial to facilitate the behavioral health of those experiencing homelessness. Often, we are unable to access crisis supports for our youth due to the lack of local capacity resulting in increased number of youth and young adults experiencing depression, anxiety, and suicidality. Finally, improving access to peer support services will not only help our clients, but further the ground-breaking work that we are doing to ensure the age-appropriate voices of those with lived experience will be heard.



The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. The Prince Georges County Youth Action Board **urges this committee to pass SB 637.**

Thank you for your consideration,

The Prince Georges County Youth Action Board  
425 Brightseat Road  
Landover, Maryland 20784

# **SB0637 BH System Mod Act.pdf**

Uploaded by: Dan Martin

Position: FAV

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

Finance Committee

February 23, 2022

**Position: SUPPORT**

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 and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in strong support of SB 637. **This bill is a priority for the Maryland Behavioral Health Coalition.**

The COVID pandemic has exacerbated an already rising need for behavioral health services:

- Nearly 40% of Marylanders reported symptoms of anxiety or depression last year, yet nearly a third of those individuals were unable to get needed counseling or therapy
- Over 45% of Maryland youth aged 12-17 who reported symptoms of depression over the last year did not receive any mental health care
- Nearly 3,000 Marylanders died from a drug overdose last year and another 650 lost their lives to suicide
- Sixteen entire counties in our state have been federally designated as mental health professional shortage areas
- Maryland hospitals continue to treat hundreds of thousands of Marylanders for behavioral health crises

SB 637 can help. The bill includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. SB 637 will:

- **Increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics** (*the bill requires that all counties across the state have access to CCBHCs*)

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. States that have implemented CCBHCs broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care. Maryland currently has some CCBHCs, but availability is sparse and grant funding is time-limited.

*For more information, please contact Dan Martin at (410) 978-8865*

- **Improve health outcomes and treatment quality by increasing the use of measurement-based care in behavioral health settings and primary care settings** *(the bill requires Medicaid and other health insurers to reimburse for measurement-based care in behavioral health care settings, and it requires Medicaid to reimburse for treatment delivered via the Collaborative Care Model (CoCM) in primary care settings)*

CoCM is a validated, evidence-based approach for integrating physical and behavioral health care in primary care settings. An ongoing CoCM pilot in Maryland Medicaid has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. Commercial health insurers and Medicare are already reimbursing for CoCM in Maryland, but health systems’ inability to bill Medicaid have stifled broader expansion of the model.

- **Strengthen the behavioral health workforce by expanding resources for peer support networks and peer recovery specialists** *(the bill provides guaranteed yearly funding for Maryland’s community peer support network and requires Medicaid and other health insurers to reimburse for services performed in clinical settings by certified peer recovery specialists)*

Peers are an essential component of the behavioral health workforce. They use their own behavioral health experience to assist others in navigating treatment systems and recovery support services. Peer-led support services and programs have shown positive outcomes, both in addressing acute treatment episodes and long-term recovery supports. Maryland recognizes a Certified Peer Recovery Specialist (CPRS) credential, which requires 46 CEU hours across four domains, the completion of 500 practicum hours, 25 hours of supervision on specific topics, recertification every two years, and more. A legislatively mandated workgroup recommended in 2018 that the state begin reimbursing for CPRS services.

- **Improve care for children and youth by increasing the availability of home- and community-based wraparound services** *(the bill takes several steps to improve state programs that were established to deliver high-fidelity wraparound services to children and youth, including expanding eligibility for families with commercial insurance, increasing reimbursement to encourage more provider participation, and requiring a state review and recommendations for expanding eligibility, particularly as relates to children with substance use disorders)*

High-fidelity wraparound is the gold standard for treating youth with behavioral health needs. It offers care coordination and a variety of formal and informal supports that keep youth with intensive behavioral health needs in their homes and out of the hospital. Maryland established two programs to provide high-fidelity wraparound – Targeted Case Management and the 1915(1) program – but they have been underutilized and unsuccessful. Reimbursement is low, which discourages provider participation, training in the model is insufficient, and eligibility criteria is unnecessarily strict.

- **Reduce reliance on law enforcement and emergency departments by ensuring stable reimbursement for crisis response services** *(the bill requires Medicaid and other health insurers to reimburse for behavioral health crisis response services, including crisis call center and hotline services, mobile crisis services, and crisis receiving and stabilization services)*

Crisis response services provide supports necessary to stabilize an individual experiencing a behavioral health emergency and linkages to community resources that can help maintain that stability. Multiple efforts are underway to expand Maryland's crisis response capacity, including an HSCRC-funded project that will spend \$80 million over five years to expand crisis infrastructure in three areas of the state, but sustainability of these expansion efforts will require reliable reimbursement beyond the current grant terms. Existing billing codes offer a clear path to steady and sustainable reimbursement for behavioral health crisis response services

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. **For this reason, MHAMD urges a favorable report on SB 637.**

**SB 637\_BH Modernization Act - BHSB\_FAVORABLE.pdf**

Uploaded by: Dan Rabbitt

Position: FAV



February 23, 2022

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

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

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore strongly supports SB 637 Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act).** The Behavioral Health Modernization Act includes a variety of needed reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use services. BHSB supports the bill in its entirety but would like to comment specifically on three key components.

Behavioral Health Crisis Response Services

Crisis response services are a critical component of the continuum of behavioral health services provided in the state. These services provide 24/7 on-demand support to individuals experiencing behavioral health or suicidal crisis and represent a more effective and less costly response compared to relying on emergency rooms and law enforcement intervention. A robust network of crisis call centers, mobile crisis response teams, and crisis stabilization centers would could improve the care for those experiencing a crisis and avoid unnecessarily disruptive higher levels of care.

The need for crisis response services has never been greater. In Baltimore City, calls made to our Here2Help crisis hotline have double during the pandemic and the 911 system received 13,000 calls last year for behavioral health needs. Suicide deaths by Black Maryland residents have doubled and Black youth suicide is rising faster than any other group.<sup>1,2</sup> And the opioid overdose epidemic has also continued unabated, with an all-time high level of close to 3,000 deaths in Maryland last year. We must do more to help our communities who have been struggling during the COVID-19 pandemic.

While Maryland currently has strong behavioral health crisis response providers, they must rely overwhelmingly on a patchwork of grants that do not allow for long-term planning and investments. Many areas of the state also lack the full complement of call centers, response teams, and stabilization centers. SB 637 would establish sustainable funding for these critical services by providing Medicaid and private insurance reimbursement. Medicaid reimbursement would also allow the state to leverage federal dollars to support these life-saving services, including an 85% match for mobile crisis response teams enacted under the federal American Rescue Plan Act.<sup>3</sup>

### Peer Wellness and Recovery Services

Peer-led recovery services such as those found at Wellness and Recovery Centers provide essential consumer-centered support that facilitates recovery and reduces isolation. These services allow participants to come and go as it suits them and are particularly effective at supporting those who are ‘hard to serve.’ In Baltimore City, there are six Wellness and Recovery Centers. City residents visited Wellness and Recovery Centers 78,127 times in 2020, and the Centers provided 1,297 one-on-one peer support sessions, over 3,216 group support sessions, and placed 217 persons into treatment and 96 persons in jobs. SB 637 will help expand services provided by these centers and other related programs with additional grant funding and increased opportunities for reimbursement. It will also help build the peer workforce at a time when they are desperately needed to support the increased demand for mental health services and the challenges of a limited behavioral health workforce.

### Home and Community-Based Services for Children and Youth

Maryland currently has two programs to provide home and community-based services for children and youth – Targeted Case Management and the 1915(i) program. These programs unfortunately have been underutilized and largely unsuccessful. Reimbursement is low, which discourages provider participation, and eligibility criteria is unnecessarily strict. This leaves children and families who need intensive services without anywhere to turn.

Out of home placements can often be avoided with proper in-home services, and this is almost always better for the child and less expensive for the state. In Baltimore City, families experience much higher rates of out of home placements for children with serious behavioral health needs. The City has the highest rates of out of home placement and represents over a quarter of all placements in the state despite being 10% of the state population.<sup>4</sup> The state must do more to provide effective in-home services. SB 637 would address the shortcomings of the current programs by expanding eligibility, increasing provider rates, and improving the training providers receive. These improvements will help more of the state’s children remain with their families and receive high quality support in the home.

The Behavioral Health Modernization Act is an ambitious proposal that meets the demands of our time. The behavioral health needs of Marylanders have never been greater, and the state must act now to strengthen and expand services. **BHSB urges a favorable report on SB 637.**

***For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142***

### **Endnotes:**

<sup>1</sup> Bray MJC, Daneshvari NO, Radhakrishnan I, et al. Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Psychiatry*. 2021;78(4):444–447. doi:10.1001/jamapsychiatry.2020.3938. Available at <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774107>.

<sup>2</sup> Governor’s Commission on Suicide Prevention. *Maryland’s State Suicide Prevention Plan 2020*. Available at: <https://health.maryland.gov/bha/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf>.

<sup>3</sup> Centers for Medicare and Medicaid Services State Health Official Letter #21-008. Available at <https://www.medicare.gov/federal-policy-guidance/downloads/sho21008.pdf>.

<sup>4</sup> Governor’s Office for Children. *FY 2019 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan*. Available at: <https://goc.maryland.gov/wp-content/uploads/sites/8/2020/03/2019-OOHP-JCR-Report.pdf>.



**SB0637\_FAV\_MedChi, MDAAP, MACHC, MdCSWC\_Behavioral**

Uploaded by: Danna Kauffman

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



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TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine Krone

DATE: February 23, 2022

RE: **SUPPORT** – Senate Bill 637 – *Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)*

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 637. Specifically, among other provisions, Senate Bill 637 addresses weaknesses in both the State programs and in the private insurance market –

- Mandates that the Governor include funding in the budget each year for wellness and recovery centers, recovery community centers, and peer recovery services.
- Requires reimbursement in the Medicaid program for services provided by certified peer recovery specialists, measurement-based care provided in behavioral health settings, and behavioral health crisis response services.
- Makes permanent the Collaborative Care Model used in primary care settings that provide health care services to Program recipients (was a pilot program).
- Requires the Maryland Department of Health to provide reimbursement for wraparound services delivered by care coordinators under either the 1915(I) model or a mental health case management program.
- Requires beginning FY2023, the Behavioral Health Administration to fund 100 slots in the Mental Health Case Management Program for children or youth who are not eligible for Medicaid services and are at risk of out-of-home placement.
- Requires health insurance carriers (non-Medicaid) to reimburse a certified peer recovery specialist providing services under the supervision of a behavioral health care program.
- Requires health insurance carriers to provide coverage for behavioral health crisis response services and measurement-based care provided in a behavioral health setting.

Senate Bill 637 is a comprehensive bill that seeks to modernize and improve the delivery of behavioral health services in Maryland. Behavioral health care has been underfunded and care, at best, has been a patchwork of inconsistent services within the community and among private insurers. Consequently, many individuals find themselves either without services or trying to find needed care within our hospital emergency departments at both an individual cost and a societal cost. More importantly, the changes being made by Senate Bill 637 align with the Triple Aim of Maryland's Total Cost of Care Model and will reduce current pressures on our health care system.

Therefore, we urge a favorable report on Senate Bill 637.

**For more information call:**

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

Christine Krone

410-244-7000

**SB0637-FIN\_MACo\_SUP.pdf**

Uploaded by: D'Paul Nibber

Position: FAV



**MARYLAND**  
*Association of*  
**COUNTIES**

## **Senate Bill 637**

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

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 23, 2022

From: D'Paul Nibber

The Maryland Association of Counties (MACo) **SUPPORTS** SB 637. This bill would, among other provisions, would require Maryland Medical Assistance to reimburse behavioral health crisis response services including crisis call centers, mobile crisis services, and stabilization services.

Behavioral health interventions have received renewed focus as a result of high profile incidents involving individuals experiencing crises related to mental health and substance use disorders. Counties have acted swiftly to ensure our shared constituents receive the supports they need: standing up hotlines, building crisis stability centers, and establishing mobile crisis intervention teams. This bill would help sustain these efforts by making them reimbursable through Maryland Medical Assistance.

As the State and its counties seek to address the worsening opioid epidemic and shift focus toward addressing constituents' mental health needs, HB 637 would bolster public health initiatives seen as best practices. For these reasons, MACo **SUPPORTS** SB 637 and urges a **FAVORABLE** report.

**SB 637 \_Legal Action Center\_Favorable 2.23.22.pdf**

Uploaded by: Ellen Weber

Position: FAV

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Senate Finance Committee  
Behavioral Health System Modernization Act - SB 637  
February 23, 2022  
Favorable

Thank you for the opportunity to submit testimony in support of the Behavioral Health System Modernization Act (SB 637). This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that fights discrimination, builds health equity and restores opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDS. In Maryland, the Legal Action Center convenes the Maryland Parity Coalition and works with its partners to ensure non-discriminatory access to mental health and substance use disorder services through enforcement of the Mental Health Parity and Addiction Equity Act.

SB637 would require state-based commercial carriers to cover peer recovery specialists, measurement-based care, and behavioral health crisis response services. We support these provisions in addition to other important provisions in the bill.

We know that commercial carrier networks for mental health and substance use disorder services are not inadequate to meet Marylanders' needs. One way to improve care delivery is to reimburse peer recovery specialists. This essential workforce work within licensed behavioral health programs to assist individuals in achieving their recovery goals by helping them better engage in services, manage physical and mental health conditions, build support systems, and ultimately live self-directed lives in their communities. According to the Substance Abuse and Mental Health Administration's analyses, peer support reduces hospital admission rates, increases social support and social functioning, and decreases substance use and depression. Expanding private insurance coverage to peers is an opportunity to expand access to recovery and support services and develop a peer workforce that reflects the communities being served and understands their unique mental health and substance use needs.

Measurement-based care is an evidence-based practice that is already being used in behavioral health settings. It uses data collection to monitor treatment progress, assess outcomes, and guide treatment decisions by focusing on the most relevant factors to a person's condition. The use of data is essential to ensure that each patient's needs drive care decisions and aligns with the standard of care in all other medical contexts.

Finally, we are very excited by the promise of 988, the new Suicide Prevention Lifeline number, but it will not meet its full potential if we do not cover the full crisis continuum through insurance. First, we need a sustainable funding source for these crisis call centers and hotline services. The vast majority of calls to these lines can either be resolved during the call or by a referral to an appropriate behavioral health crisis provider. People in a mental health and substance use disorder crisis who call 988 want help, not law enforcement or a 48-hour stay in an emergency department that cannot meet their needs. But without having private insurance cover mobile crisis services and crisis receiving and stabilization services, people will call 988 in vain and not get the help they need and deserve.

It is imperative that our state-based commercial insurance plan cover each of these evidence-based practices and life-saving mental health and substance use disorder treatment options. If they do not, the costs just get deferred to individuals who rarely can afford to pay for them out-of-pocket or to the state. Or worse, they result in death, as we have seen far too often in recent years.

Ultimately, Marylanders need consistent and comprehensive coverage of mental health and substance use disorder services across our health care financing systems. Our coverage policies should reflect the full continuum of care that people need and provide affordable services. SB 637 will close the gaps in Maryland's behavioral health care system and better support the increasing number of Marylanders who need mental health and substance use disorder treatment.

Thank you for considering our view. We urge a favorable report on SB 637.

Ellen M. Weber, J.D.  
Sr. Vice President for Health Initiatives  
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# **SB 637- Behavioral Health System Modernization Act**

Uploaded by: Erin Dorrien

Position: FAV



Maryland  
Hospital Association

February 23, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 637- Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 637.

Across the United States, one in six children are diagnosed with a mental, behavioral, or developmental disorder.<sup>1</sup> Many of these children lack access to services and resources they need. Maryland hospitals and other health care partners work tirelessly to deliver essential inpatient and outpatient care for Maryland youth.

SB 637 would improve the existing behavioral health care model in Maryland, with a particular focus on children and youth. This bill establishes 100 additional slots for children in the Mental Health Care Management Program and improves state programs to deliver high-fidelity wraparound services for youth. Additionally, SB 637 expands eligibility for families with commercial insurance and eligibility concerning children with substance use disorders. Hospitals across Maryland acknowledge the impact of the provisions in this bill and the beneficial influence on both somatic and behavioral health.

In 2020, Mental Health America ranked Maryland ninth in the country for treating mental illness in youth and offering access to mental health care.<sup>2</sup> With the help of SB 637, hospitals and health systems can collaborate to positively transform the behavioral health landscape for Maryland youth.

For these reasons, we request a *favorable* report on SB 637.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org

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<sup>1</sup> Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

<sup>2</sup> *Ranking the States*. Mental Health America. (n.d.). Retrieved Feb. 22, 2022, [www.mhanational.org/issues/rankingstates#youth\\_data](http://www.mhanational.org/issues/rankingstates#youth_data)

**MCF\_Fav\_SB 637.pdf**

Uploaded by: Haley Rizkallah

Position: FAV



## **SB 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)**

**Committee: Senate Finance Committee**

**Date: February 23, 2022**

**POSITION: Support**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

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MCF enthusiastically supports SB 637.

SB 637 does a number of things to improve the delivery of behavioral health services in Maryland. I want to address the component that aims to strengthen the two community-based program for children and adolescents: **the Targeted Case Management (TCM) and 1915(i) programs** that were established through a Medicaid State Plan Amendment in 2014. These programs were intended to provide an intensive level of treatment through the “wraparound” process, which is the gold standard for treating children and adolescents with more intensive mental health needs.

For a variety of reasons, the TCM and 1915(i) programs have not reached the numbers of youth who could benefit from them. From their inception, low numbers of youth have engaged in these programs. Instead, the numbers of children in Psychiatric Rehabilitation Programs (PRPs) has remained very high, and continues to grow.

<u>Program</u>	Number of Enrollees <sup>i</sup>		
	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>
PRP	16,075	18,299	21,805
TCM	1,965	2,325	2,514
1915(i)	55	54	31

With such low numbers of kids enrolled, there is little cost benefit to become a provider of services in the TCM and 1915(i) programs.

Moreover, the rates for providers are low. The 1915(i) was meant to be the service with the most intensive level of care for children with the most severe and complicated behavioral

health problems. Nonetheless, data from FY2019 shows that it has **lowest** average annual cost per child:

PRP:           \$3,726/ child  
TCM:           \$3,275/child  
1915(i):       \$3,045/child

While a beneficial service, PRP is not the gold standard for treating children with intensive mental health needs. Wraparound is.

Why has there not been much uptake of these two programs that are based on the Wraparound model of serving children?

- Too stringent eligibility criteria
- Limited array of services because of limited numbers of providers (low rates)
- Lack of appeal to families, and families enrolled have low satisfaction, so drop out
- Referrals are not being made

The programs must be strengthened by:

- expanding eligibility criteria to allow more children to receive services, including a specified number of non-Medicaid eligible children
- requiring the use of high fidelity wraparound and certain evidence-based practices
- establishing reimbursement rates to providers that are commensurate with industry standards, especially for evidence-based practices
- Establishing in BHA's budget sufficient dollars for Customized Goods and Services (things such as art therapy, equine therapy, martial arts classes, therapeutic summer camps), which are not covered by Medicaid, but can have a profound impact on a child's recovery. Customized Goods and Services are one component of the TCM and 1915(i) programs, but currently extra dollars have to be found by BHA when available
- Expanding the programs to serve youth with substance use problems

This would be a good start to strengthening these programs. Maryland is sorely lacking in quality, intensive community-based services for children and adolescents. This contributes to hospitalizations and the need for residential placements. We could go a long way to solving the problem of overutilization of emergency departments and hospitals by strengthening the TCM and 1915(i) programs. We urge a favorable report on SB 637.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**10632 Little Patuxent Parkway, Suite 234**  
**Columbia, Maryland 21044**  
**Phone: 443-926-3396**  
[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)

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<sup>i</sup> Latest available data , "Report on Behavioral Health Services for Children and Youth," MDH, FY17, FY18, FY19.

**Rochon\_Fav\_SB 637.pdf**

Uploaded by: Heidi Rochon

Position: FAV

# **SB 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)**

Committee: Senate Finance Committee

Date: February 23, 2022

**POSITION: Support**

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I strongly support SB 637.

I would like to speak to the portion of SB 637 that addresses strengthening the Targeted Case Management (TCM) and 1915(i) programs for children and youth, which have been both underutilized and unevenly implemented across the state.

Maryland families deserve the most effective supports and services available when they are struggling to meet the needs of their family while caring for their child or adolescent with behavioral health needs. We were fortunate to have experienced some of our very best outcomes for families during 2009 – 2014 when Maryland provided a statewide, High-Fidelity Wraparound model of care through two providers that both implemented Wraparound similarly. High Fidelity Wraparound is a national, evidence-based process that focuses on the goals of the family to address complex emotional and behavioral needs of the youth.

- High Fidelity Wraparound puts the child or adolescent and **the entire** family at the center. A team of professionals and natural supports collaboratively work with the family to help the family drive the work of what they need.
- High-fidelity Wraparound includes some very important practices and philosophies that have been proven throughout the country to improve the well-being of families:
  - Family Voice
  - Collaboration
  - Strengths-based
  - Outcomes-based
- In the High-Fidelity Wraparound model, Family Peer Support, a service proven to promote family engagement, is a required offering to families.

Comparably, the Targeted Case Management (TCM) model that Maryland transitioned to is provided by multiple vendors, with Care Coordinators that have had varying levels of training. This results in as many flavors of service as there are providers, approximately 12, across the state.

**In my experience having been a partner providing High-fidelity Wraparound and the existing Targeted Case Management model, the differences are:**

- Child and Family Team meetings (CFT's) are held less frequently, problems are not caught as quickly, and plans of care are not as responsive to the current needs.
- Families report feeling like the services are more prescribed by the care coordinator and less about what they really need and want.
- Families are not learning skills needed to solve problems collaboratively and prevent crises.
- Identifying natural supports, the most effective resources a family can have, doesn't happen as a rule in TCM.
- Family Peer Support is available, but not always a component that is promoted.
- Families don't always realize they have a plan, they aren't always included as a rule in developing the plan, and often never see it, meaning they haven't learned any skills in problem solving.
- Outcomes are less robust.
- Whereas previously, families were able to access Wraparound regardless of their insurance status, now there are limited spots for families with private insurance, with usual waiting lists.
- Eligibility requirements are much more stringent.

SB 637 would do a number of things to improve and expand both the TCM and 1915(i) programs.

I request a favorable report on SB 637.

Heidi Rochon  
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**SB 637\_JB Moore\_fav.pdf**

Uploaded by: JB Moore

Position: FAV



## **FAVORABLE**

## **TESTIMONY**

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

Finance Committee

February 23, 2022

**by**

**JB Moore**

**Executive Director**

Good Afternoon Chair Kelley, Vice Chair Feldman, and distinguished members of the Senate Finance Committee.

On behalf of Prince George's County Affiliate of the National Alliance on Mental Illness I extend gratitude for the opportunity support Senate Bill 637 – a bill that includes sorely needed reforms and enhancements to meet the increasing demand for mental health and substance use services in the State of Maryland.

I am JB Moore, Executive Director for NAMI Prince George's County, and family member and guardian of a loved one living with a serious mental illness. I am also a Gulf War Veteran.

The need for quality mental health and substance use care has never been higher.

We applaud Senator Malcolm Augustine's dedicated efforts to address critical issues surrounding mental health care, for sponsoring this important legislation, and for his wholehearted support for NAMI Prince Georg's County.

Mental health conditions are common and affect more than 781,000 people in our state.

Yet, an estimated 252,000 adults in Maryland did not receive needed mental health care in the last year and more than 1 million people in Maryland live in a community that does not have enough mental health professionals.

One in four individuals with a serious mental illness will be arrested during their lives.

Maryland hospitals saw more than 417,000 visits for behavioral health crises in 2019.

According to federal data, in Prince George's County alone, approximately 20,000 individuals will require crisis services annually.<sup>1</sup>

Nearly 57% of those who need treatment do not receive mental health services; and up to 90% of adults with both mental health and behavioral health (co-occurring) disorders do not receive treatment (SAMHSA 2019).

**SB 637 can help!** This sweeping legislation is the blueprint for the future of Maryland's mental health care delivery system. It requires significant state investment to vastly increase community access in every county across the state.

The expansion of Maryland's network of Certified Community Behavioral Health Clinics would ensure access to integrated, evidence-based addiction and mental health services, including 24/7 crisis response and medication-assisted treatment for addiction.

Prince Georgians would benefit by having access to at least one Certified Community Behavioral Health Clinic (CCBHC) by 2024.

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<sup>1</sup> SAMHSA. (2020). National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. Retrieved July 14, 2020, from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Peers are essential to the behavioral health workforce. Peer-led support services and programs lead to positive outcomes, both in acute treatment episodes and long-term recovery supports.

At its core, the peer support ‘approach’ assumes that people who have similar experience can relate and can consequently offer more authentic empathy and validation

As a mental health intervention and recovery model, peer support has proven to

- Decrease hospital admission rates
- Decrease hospital re-admission rates
- Increase hospital discharge rates

To ensure equal access to these services, peer services should be reimbursed for people with public or private insurance. For people with no insurance, and for services not appropriate for health insurance reimbursement, grant funds are currently available and must increase to meet a growing need.

Guaranteed yearly funding for Maryland’s community peer support network, and the requirement for Medicaid and other health insurers to reimburse for services performed in clinical settings by certified peer recovery specialists would help strengthen the behavioral health workforce.

Children and youth with mental health and substance use needs have fewer treatment options than adults. Wraparound services for youth with intensive behavioral health needs are simply not available to many families. Appropriate home- and community-based supports for Black and brown youth are particularly limited.

NAMI Prince George’s County is grateful for the opportunity to assist the Prince George’s County Health Department implement a SAMHSA funded, 4-year initiative aimed at transforming the way mental health, educational and other supportive services are delivered for high-risk youth ages 16 -21 transitioning into adulthood.

Youth with intensive behavioral health needs would benefit from improved and increased high-fidelity, wraparound services that keep youth in their homes and out of hospitals.

Finally, NAMI Maryland advocates for help, not handcuffs and believes that mental health emergencies deserve a mental health response. The criminalization of mental illness must stop, and diverting justice involved individuals to a health care setting is critical to supporting this work.

NAMI Prince George's County is currently supporting Prince George's County's efforts to expand the county's crisis infrastructure through a significant Health Services Cost Review Commission (HSCRC) Regional Partnership Catalyst Grant Program over a five-year period.

The Prince George's Health Department is working with community hospitals to building the foundation needed to sustainably support the population health goals of the Total Cost of Care (TCOC) Model as they relate to behavioral health crisis services; and safely prevent unnecessary emergency room visits and hospitalizations for a large population of people residing in Prince George's County.

However, the Regional Partnership Catalyst Program is a *temporary* funding mechanism intended to encourage eligible hospitals to work together with community partners on building important foundations to improve population health.

And, despite the noteworthy efforts of the County and its strategic hospital and community partners – *sustainability* of these expansion efforts will require reliable reimbursement beyond the current grant terms.

Medicaid and private insurance companies must be required to subsidize the cost of these crisis services – to include

- Crisis Call Centers
- Mobile Crisis Team Expansion
- Crisis Receiving and Stabilization Services

Substance use and mental health issues have a significant impact on people, families, communities, and society.

When people don't receive the mental health care they need and deserve, their conditions often worsen and have significant impacts on the individual, their family, and their community.

Furthermore, gaps in service drive inequality.

It is for these reasons that SB 637 is important to my family, Prince George's County families and thousands of other families across that state of Maryland.

In closing, the demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. **NAMI Prince George's County urges this committee to pass SB 637 – now!**

Thank you for affording me this opportunity to testify before you today.

## **CONTACT**

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Executive Director

NAMI Prince George's County, MD, Inc.

USAF Veteran

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# **Sheppard Pratt written testimony SB637HB935 Behavi**

Uploaded by: Jeffrey Grossi

Position: FAV



# 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.





## Sheppard Pratt

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.



# Sheppard Pratt

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.

# **Health Care for the Homeless - SB 637 FAV - BH Mod**

Uploaded by: Joanna Diamond

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 637 – Health and Health Insurance - Behavioral Health Services - Expansion  
(Behavioral Health System Modernization Act)**

**Senate Finance Committee  
February 23, 2022**



Health Care for the Homeless supports SB 637, The Behavioral Health System Modernization Act, which includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. While we fully support the entire bill, one such provision is particularly applicable to our work - expanding resources and support for certified peer recovery specialists, including Medicaid reimbursement for Certified Peer Recovery Specialists. As Health Care for the Homeless has found our peer recovery specialists an indispensable part of our behavioral health work, our we will focus on testimony on this piece.

Peers are an essential ingredient in the physical and mental health, prosperity and stability for the clients we serve, those who experience homelessness or housing instability. In some cases, there is a connection between a Peer and a client that is unattainable by other licensed professionals, and in many cases, our peers are the pathway to life-saving services.

Peer support has existed in behavioral health for decades. Its rapid growth in recent years is for good reason. Research and experience show that peer support providers have a transformative effect on both individuals and systems. Peer support has been shown to:

- Improve quality of life
- Improve engagement and satisfaction with services and supports
- Improve whole health, including chronic conditions like diabetes
- Decrease hospitalizations and inpatient days
- Reduce the overall cost of services

One of our former Peer Recovery Specialists recalls the story of one of his clients:

Mr. S, had experienced homelessness and become housed—and who, as soon as the ink dried from his signature on the lease, used his home as a hiding space. He literally cut himself off from the world and ate himself into a state of unhealthiness. The only time he opened his front door was to pay for food he had ordered, which over time caused him to gain an unimaginable amount of weight, which then lead to diabetes. There were times this client didn't feel worthy of being alive. It took not only the skill set of a therapist, but the unwavering support, advocacy and dedication of a Peer to pull this client out from his own demise. It was the Peer-to-client trust-filled relationship that allowed the client to trust the process. While appointments were scheduled, it was "Peer Power" that reminded the client, escorted and supported him. It was the mix of "Peer Power" and therapy that allowed this client to feel safe enough to once again go out and purchase groceries and break free from his "lockdown" mindset. He is now receiving proper behavioral health and medical care. He is building, nurturing and enjoying new relationships, and as he puts it, he is "Getting fly for the ladies." His growth was in full display at the annual holiday dinner we do for our clients each December: his brand, new haircut and groomed appearance were only superseded by his illuminating confidence and self-worth.

which would expand Medicaid coverage of lifesaving gender-affirming care. Instead of protecting the wellbeing of low-income Marylanders, our Medicaid program categorically denies dozens of gender-affirming services. SB 682 ensures that, among other things, Medicaid will provide medically necessary care based on up-to-date standards, prevents state officials from interfering with the patient-physician, and reduces sex-based discrimination by providing healthcare based on clinical need.

Peers play an essential role in the behavioral health of many of the clients we serve, as much as many of the currently Medicaid reimbursable roles at our agency. As such, Certified Peer Recovery Specialists should be reimbursed by Medicaid. We stand in strong support of SB 637 and we urge a favorable report on the bill.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

**MDDCSAM MODERNIZATION SB 637.pdf**

Uploaded by: Joseph Adams, MD

Position: FAV



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

SB 637 Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)  
Senate Finance Committee. February 23, 2022

## SUPPORT

**Mental health and substance use disorders are at an all-time high, and rates are increasing.** More is needed to address these largely treatable and preventable diseases. This was also true before the COVID-19 pandemic.

**Fatal drug overdoses increased faster than at any time in U.S. history, by over 30% in a year,** setting a grim milestone: **a record 100,000 deaths in one year in the U.S.** (1, CDC)

**About half of adults with mental illness and co-occurring substance use disorder received no treatment for either disorder in the past year.** Yet both conditions are treatable. (2. SAMHSA)

Many overdoses occur in people with suicidal thoughts; some are likely suicides. Substance use disorders (SUD) overlap with mental health disorders extensively. **About half of those who experience a mental illness will also experience a substance use disorder and vice versa.** (3. NIDA)

The Behavioral Health System Modernization Act will . . .

- Expand Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs). These provide state-of-the-art treatment that is data-driven and integrated across disciplines.
- Expand data-driven, measurement-based treatment across a range of settings.
- Expand peer support – critical for access to care, and for effective care.
- Increase home- and community-based wraparound services for children and youth.
- Increase effectiveness and reduce costs by diverting behavioral health care from law enforcement and emergency departments to crisis teams and stabilization facilities.
- Improve behavioral health treatment in primary care settings through collaborative care.

## REFERENCES

1. 12-month period ending April 2021. [www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm](http://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm)
2. Substance Use Disorder Treatment for People With Co-Occurring Disorders Treatment Improvement Protocol 42 SAMHSA UPDATED 2020
3. NIDA. 2021, April 13. Part 1: The Connection Between Substance Use Disorders and Mental

Respectfully,  
Joseph A. Adams, MD, FASAM, Chair, Public Policy Committee

**MATOD - SB 637 FAV - BH Modernization Act.pdf**

Uploaded by: Joshua Grollmes

Position: FAV





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## Senate Finance Committee February 23, 2022

### Senate Bill 637 Support with Amendments

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 637. MATOD represents over 65 healthcare organizations across Maryland that provide and promote high-quality, effective medication assisted treatment for opioid addiction. MATOD programs serve over 35,000 Marylanders enrolled in opioid treatment programs (OTPs) receiving methadone and buprenorphine, in conjunction with counseling and other medical services.

This piece of legislation 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 peers 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.

MATOD is especially interested in increasing resources for peer support services. Many OTPs employ peers to provide a variety of services to our clients. These services may take the form of helping someone arrange for transportation, fill out a job application, or find housing opportunities. Peers have become part of the treatment team and because of their lived experience, can develop a level of trust with clients that can often make a significant difference, especially when a client is at risk of relapsing.

As the demand for substance use and mental health treatment is at an all-time high, we need to make sure Maryland's public behavioral health system is able to meet people's needs in an efficient and cost-effective manner. The proposals in SB 637 will help move Maryland in that direction.

We urge a favorable report on SB 637.

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

**DRMTestimonyinSupportofSB637.pdf**

Uploaded by: Karen Foxman

Position: FAV



Empowerment. Integration. Equality.

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[www.DisabilityRightsMD.org](http://www.DisabilityRightsMD.org)

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

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy agency, and is federally mandated to defend and advance the civil rights of individuals with disabilities. In particular, DRM supports the rights of individuals with disabilities to receive appropriate supports and services to live safe and meaningful lives in their communities.

SB 637 includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care in the community. 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.

Disability Rights Maryland is particularly supportive of SB 637 because it would improve the quality of care for children in the community by increasing the availability and quality of home and community-based wraparound services. In DRM's experience, many youth with behavioral health care needs fail to receive needed supports until their issues have become very significant. We are seeing a significant increase in parents seeking Voluntary Placement Agreements or out-of-home care for their children, because they are unable to safely maintain their child at home. Preventive and wraparound services are urgently needed to reverse this worrisome trend. Wraparound services provide support to families with children with intense behavioral health needs in the community, in an effort to avoid hospitalizations and placement in Residential Treatment Centers. SB 637 calls for improvements to the 1915(i) waiver program, which offers a family-centered model that would include intensive care coordination, child and family team meetings, and plans of care that are individualized to each family and include formal supports such as individual and family therapy and informal supports such as intensive in-home services, respite care, mobile crisis response and stabilization and family peer support. Although the 1915(i) program has existed for many years, Maryland families have never fully realized its promise due to rigid eligibility criteria and low reimbursement rates. SB

637 would ensure that those delivering 1915(i) services receive training in the delivery of wraparound services and are reimbursed appropriately for these services. SB 637 also provides funding for 100 slots in the program for children who would not otherwise be eligible but for their being at risk of out-of-home placement, and provides that the Governor will increase the funding amounts in the operating budget for youth receiving services under the 1915(i) model or other mental health case management programs in the community.

SB 637 will also assist with keeping individuals experiencing a mental health crisis out of the hospital by requiring Medicaid and other health insurers to reimburse for behavioral health crisis response services, including crisis call center and hotline services, mobile crisis services and crisis receiving and stabilization services. Crisis response services provide supports necessary to stabilize an individual experiencing a behavioral health emergency and linkages to community resources that can help maintain that stability.

SB 637 represents a significant modernization of Maryland's Behavioral Health Systems, particularly in the area of crisis response services. This is a much-needed overhaul, and DRM particularly supports the use of peers in the delivery of crisis response services as an evidence-based model. However, the workforce for crisis services – in particular the peer work force – must be prepared to deliver these services to Marylanders with quality and equity. Currently, there is no uniform training for people engaged in crisis work, including for peers; and many of the national and internationally recognized credentials for peers have little to no curriculum on responding to people in crisis. It is essential that in preparing peers, and others, for crisis services in Maryland, that comprehensive training be provided to ensure that regardless of credentials, that a crisis worker has the necessary skills. The State has already expended significant time and resources on training for law enforcement in responding to crisis, and we should make a concomitant commitment to prepare our behavioral health workforce to respond and resolve crises without an overreliance on law enforcement. We support SB 637 but recognize an on-going need to adequately prepare a behavioral health work force – especially peers – to provide these expanded and enhanced services.

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. For these reasons, **Disability Rights Maryland urges this committee to pass SB 637**. For more information, please contact Karen Foxman, Esq., at (410) 727-6352 ext. 2477 or [KarenF@DisabilityRightsMD.org](mailto:KarenF@DisabilityRightsMD.org).

# **MRHA SB637-Behavioral Health Services Modernizatio**

Uploaded by: Kathleen Hays

Position: FAV



## Statement of Maryland Rural Health Association

To the Senate Finance Committee

February 23, 2022

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

### **Position: SUPPORT**

Chair Kelly, Vice Chair Feldman and members of the Finance Committee, the Maryland Rural Health Association (MRHA) wishes to provide this testimony in support of SB 637- the Behavioral Health System Modernization Act.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Our membership and legislative priorities for this year are included with this testimony.

Rural Maryland has significant challenges and needs regarding access to behavioral health services. Even before the pandemic's tremendous impact on existing health care workforce shortage issues, Maryland has 48 federally designated mental health professional shortage areas,<sup>1</sup> including 16 entire counties.<sup>2</sup> Demand for these services has only increased over the same timeframe.

SB 637 can help increase access to behavioral health in rural parts of our state. 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 peers 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.

The demand for behavioral health care is at an all-time high. MRHA **urges this committee to pass SB 637.**

*Board President, Jennifer Berkman, 443-783-0480*

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<sup>1</sup> Health Resources & Services Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>2</sup> Rural Health Information Hub, <https://www.ruralhealthinfo.org/charts/7?state=MD>

# **OOOMD - 2022 -SB637-FAV BHModernizationAct Written**

Uploaded by: Katie Rouse

Position: FAV



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**WRITTEN TESTIMONY IN SUPPORT**  
**Senate Bill 637 - Health & Health Insurance - Behavioral Health Services - Expansion**  
**(Behavioral Health System Modernization Act)**  
Finance Committee - Senate - February 23, 2022

Thank you Chair Kelley, Vice-Chair Feldman, and committee members for your time, work, and care to improve the quality and accessibility of healthcare services for Marylanders of all ages. On Our Own of Maryland is a statewide behavioral health education and advocacy organization, in operation for 30 years by and for people with lived experience of mental health and substance use challenges. Our network of 20+ affiliated peer-operated Wellness & Recovery Centers throughout Maryland offer free recovery support services to 5,000+ community members with mental health and substance use challenges. Each center in our network is funded through Behavioral Health Administration grant contracts.

**We support Senate Bill 637, which invests in modern models and proven practices across clinical, crisis, and community behavioral health services.** Together, these enhancements equip our system to meet the increasing demand for high-quality mental health and substance use care as Maryland's needs are at an all-time high:

- 7th highest in the country for overdose deaths last year (April 20-21), with nearly 3,000 lives lost.<sup>1</sup>
- 188,000 adults reported experiencing thoughts of suicide, and 650 Marylanders lost their lives due to suicide in 2021.<sup>2</sup>
- 40% of Marylanders reported symptoms of anxiety or depression last year, with nearly a third unable to access counseling or therapy.<sup>3</sup>
- 16 Maryland counties are federally designated as mental health professional shortage areas.<sup>4,5</sup>

**Peer Support is an essential component of behavioral health care.** Peers use their own lived behavioral health experience and specific training to support others with navigating treatment systems and practicing self-management strategies. Maryland's Certified Peer Recovery Specialist credential requires 46 CEUs, 500 practicum hours, a written application and exam, supervision requirements, and recertification every 2 years. Peers can work in diverse service settings (clinical, community, crisis), and the On Our Own network provides technical training, values-based experiential learning, and supportive mentoring that prepare Peer Recovery Specialists to be engaged and effective professionals.

**Peer-run community programs provide essential recovery support services.** On Our Own of Maryland's affiliated network of peer-run Wellness & Recovery Centers offer practical assistance in accessing support services and a safe, welcoming community environment for people living with mental health and substance use challenges. We have great success connecting with individuals who are uninsured, unhoused, and/or labeled 'hard to reach' or 'difficult to serve' because they are navigating multiple personal challenges, traumatic prior experiences with systems involvement, and socioeconomic

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<sup>1</sup> Keating, Dan; Bernstein, Lenny. "100,000 Americans died of drug overdoses in 12 months during the pandemic." Washington Post, November 17, 2021. <https://www.washingtonpost.com/health/2021/11/17/overdose-deaths-pandemic-fentanyl/>

<sup>2</sup> <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

<sup>3</sup> Ibid

<sup>4</sup> Health Resources & Services Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>5</sup> Rural Health Information Hub, <https://www.ruralhealthinfo.org/charts/7?state=MD>



barriers. Each Center in our network responds to the unique needs of its members and the local community; some recent examples include:

- On the Lower Eastern Shore, our center partnered with the local food bank to distribute meals and toiletries to 150 people directly to their homes during the worst of the COVID pandemic.
- In Washington County, our center has supported 200 individuals with reconnecting to the community after coming out of correctional facilities by providing re-entry and transitional services such as housing and benefits assistance, vocational support, and service navigation.
- In rural Calvert County, our center has helped 7 individuals obtain stable housing over the last year.
- In Howard County, daily phone calls help members proactively solve problems, access resources, use self-help tools, and feel that caring connection that can literally mean the difference between life and death.

**Peer-run programs are a cost-effective investment.** Peer services are effective, inexpensive and cost-saving, shown by research to decrease utilization of high-cost health services and increase capacity for self-management. However, the current median annual operating budget of a Wellness & Recovery Center is inadequate at less than \$150,000 per year, resulting in many being under-staffed, unable to appropriately pay and retain hardworking employees, and overly reliant on volunteers. The funding for Wellness and Recovery Centers, Recovery Community Centers, and Peer Recovery Services provided through this bill ensures Maryland's peer-run programs can better realize our full potential with appropriate staffing, extended hours, and more services.

**Peer-run community programs require predictable, annualized funding.** Grassroots programs like our centers dedicate every available dollar to delivering direct services in the community, with a minimum of administrative overhead beyond the basics of responsible organizational management. Innovation, flexibility, and responsiveness are hallmarks of peer-driven programs, and require predictable, annualized funding through grants and contracts. The appropriations for Wellness & Recovery Centers, Recovery Community Centers, and Peer Recovery Services provided through this bill must be firewalled from any requirement or expectation of billing through the fee-for-service system.

**Peers inspire hope and prove recovery is real.** Maryland faces an escalating behavioral health crisis alongside the continuing pandemic. Depression, anxiety, substance use, overdose, and suicide are very real outcomes of sustained stress, grief, and trauma. Our network of peers show that recovery is real and wellness is achievable, but we must have adequate resources and funding to continue meeting increasing community needs.

**Now is the time to invest in peer-run programs,** not only for the essential support we provide to everyone who walks through our doors, but because we are preparing the next generation of peer specialists, community leaders, and change agents in behavioral healthcare system transformation.

**OOOMD strongly urges the committee to pass SB 637. Thank you!**

**SB637\_CC\_Keegan\_FAV.pdf**

Uploaded by: Kevin Keegan

Position: FAV

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

Finance Committee  
February 23, 2022

**Favorable**

Catholic Charities of Baltimore supports SB 637 which would modernize Maryland’s public behavioral health system to create the capacity to meet the rising demand for services.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For almost 100 years, Catholic Charities has operated programs that allow Marylanders to age with dignity, obtain empowering careers, heal from trauma and addiction, secure stable housing and welcome new neighbors. We recognize the need for a robust public behavioral health system in Maryland.

SB 637 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 peers 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.

Our children’s behavioral health system currently has two programs, Targeted Case Management and 1915(i), that provide high-fidelity wraparound services, the gold standard for treating youth. Despite efforts to create strong programs a decade ago, adjustments to the programs in recent years have left them fledgling. The stringent eligibility criteria results in children being accepted into the programs after the point where they would be effective. Furthermore, the programs are unable to deliver key evidence-based practices because the rates discourage provider participation. SB 637 offers solutions to these short comings.

SB 637 would also strengthen crisis services by requiring Medicaid and other health insurers to reimburse for behavioral health crisis response services. As the operator of the crisis program for youth in Baltimore City, we see the intrinsic value of these services as they prevent traumatic and costly hospitalizations. Medicaid reimbursement for these services would support the ongoing expansion of Maryland’s crisis response capacity.

Additionally, SB 637 expands the use of peer recovery practices. Many people who need treatment, will never receive it because they do not encounter a trustworthy and credible messenger who can speak to them through the lens of their lived experience. Through grant funding we are integrating peer support into our clinics in Baltimore City. Within the first quarter of the grant, the peer coaches met their goals for the year. The overwhelmingly positive response to the introduction of peers both at the initial stages of contact and throughout treatment is an amazing example of this concept at work. We strongly believe Maryland should invest in the expansion of peer support.

**Catholic Charities of Baltimore appreciates your consideration, and for the reasons laid out above urges the committee to issue a favorable report for SB 637.**

Submitted By: Kevin Keegan, Director of Family Services

# **MD Addiction Directors Council - SB 637 - FAV - BH**

Uploaded by: Kim Wireman

Position: FAV



## **Maryland Addiction Directors Council**

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

Finance Committee

February 23, 2022

#### **TESTIMONY IN SUPPORT**

Maryland Addictions Directors Council (MADC) represents outpatient and residential substance use disorder (SUD) and dual recovery treatment across Maryland. Our members provide over 1,000 residential treatment beds across the state. MADC providers are at the forefront of the Opioid Epidemic as well as managing the Covid pandemic during this same 2-year period. MADC strongly supports SB 637

The need for quality substance use and mental health treatment has never been higher.

- An estimated 2876 Marylanders died from overdose in the 12 months from April 2002 to April 2021, a rate that ranked 7<sup>th</sup> highest in the country during that period.
- Maryland hospitals saw more than 417,000 visits for behavioral health crisis in 2019.
- Suicides among Marylanders aged 18-25 increased by 80% from the first half of 2020-2021.

SB 637 can help. This bill includes a variety of reforms and enhancements designed to meet the increasing demand for high quality substance use and mental health 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 peers 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.

*(over)*



## **Maryland Addiction Directors Council**

Page 2

Behavioral healthcare has continued to experience serious workforce shortages. This workforce shortage started several years prior to the Covid pandemic but was exacerbated by Covid. Certified Peer Recovery Specialists have been a meaningful part of the behavioral healthcare workforce in substance use disorder treatment for several years, engaging clients in the recovery process and improving client outcomes in treatment. SB 637 provides the yearly funding for Maryland's community peer support network and requires Medicaid to reimburse for this much needed and effective workforce.

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. Maryland Addiction Directors Council urges this committee to pass SB 637

In closing, thank you for the opportunity to offer written testimony. Maryland Addictions Directors Council supports SB 637.

Sincerely,

*Craig Lippens*

Craig Lippens  
President, MADC

# **Arrow Written Testimony SB637.pdf**

Uploaded by: Lauren Grimes

Position: FAV



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

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

I represent Arrow Child & Family Ministries, a multi-service non-profit that serves over 500 vulnerable youth and families in Maryland each year.

The need for quality mental health and substance use care has never been higher. We are in what the U.S. Surgeon General has called a youth mental health crisis. This crisis comes at a time when Maryland's public behavioral health infrastructure was already in a perilous situation. Back in 2019, the Post-Acute Discharge Planning Workgroup report sent to the Secretary of Health outlined the gaps and problems within the behavioral health system and recommended a number of common-sense reforms. Since then, the problems have only gotten more acute. There are other bills introduced in this session attempting to address psychiatric hospital overstays and voluntary placement challenges. Those bills, along with this bill, all are trying to ensure that many of Maryland's most vulnerable citizens get timely and effective assistance.

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 peers 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.

Arrow has worked closely with the Family Centered Treatment Foundation to become a certified provider of Family Centered Treatment, an evidence-based, in-home family therapy model that has show significant and lasting improvement in family functioning and reduced reliance on out of home care in multiple states, including Maryland. This model is identified as the Behavioral Health Administration's EBP for intensive in-home services under the State's 1915(i) Medicaid waiver. Unfortunately, the waiver service is almost never used. In part, this is a result of the rate that has been set is roughly half of what it costs a program to operate this model. This has resulted in a lack of providers interested in providing the services and virtually no families getting needed services, leading to youth in ERs and hospitals and, often, out of home care.

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. **Arrow Child & Family Ministries urges this committee to pass SB 637.**



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**CFC Written Testimony SB637.pdf**

Uploaded by: Lauren Grimes

Position: FAV



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301-609-9887 • 301-753-4002 • 301-884-0767 • 301-475-8860  
[www.center-for-children.org](http://www.center-for-children.org)

**SENATE BILL 637**  
**Health and Health Insurance – Behavioral Health Services – Expansion 2**  
**(Behavioral Health System Modernization Act)**  
**SUPPORT**

My name is Catherine Meyers, and I am the Chief Executive Officer of Center for Children, a behavioral health provider serving Charles, Calvert, St. Mary's, Anne Arundel, Prince George's and Howard counties. The Center for Children serves over 4500 children and families a year providing wraparound care coordination in 5 counties and outpatient clinic and Psychiatric Rehabilitation in the three Southern Maryland counties as well as many other child focused programs and evidenced based models. Our agency is a 1915(i) provider for wraparound, as well as providing several Evidenced Based practices (Functional Family Therapy, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy).

I am in support of this bill as the need for quality mental health and substance use care has never been higher, and availability and access to intensive home and community-based services in Maryland has long been subpar. Home and community-based services like targeted case management and 1915i help stabilize families in crisis and keep children from requiring out-of-home placements. This saves the state money and yields the best clinical outcomes. We either pay more now for good, solid wraparound coordination for youth and evidenced based practices for children and families, or we pay a lot more later in life when these youth and families get even more involved in the systems that are longer term and more costly, including residential care, substance use treatment, juvenile detention or as adults... prison. Evidence shows that children and families who are initially at risk who receive these services are at much lower risk to later enter into the systems. Center for Children knows this from experience as well as we have been serving families since 1989.

The problem is that the modest reimbursement rate increases over the years for TCM do not support the increasing cost of service delivery. Additionally, 1915i services have long been plagued by catastrophically low reimbursement rates compounded by eligibility barriers which result in very few children utilizing the service. The outcome then is that providers struggle to maintain viable programs, and children are not able to obtain the support they need when they need it.

I would also hope that the State will expand who can provide the other 1915(i) services. We as an agency would love to hire an art therapist or music therapist for our children, or peer support

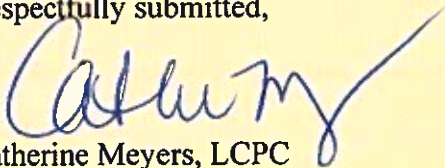
professionals for our parents in our behavioral health services but the regulations are set up so that we as an agency cannot get license or reimbursed for the services that we would pay salaried staff to perform, a gross oversight in the regulations of the original 1915(i) implementation.

As an Adverse Childhood experiences master trainer, I know the impact of early experiences when intervention does not occur. The costs in health care, disease, substance use, homelessness, prison, missed days of work are all documented in the many studies over years of Adverse Childhood experiences and their long-term effects.

You have a chance to change the lives of Maryland's children and their future by supporting this legislation as well as to save the taxpayers of Maryland, now and in the future, a great deal of money on deep-end systems that are not as effective.

I encourage your support of the children and families of Maryland by voting in favor of SB637.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Catherine Meyers", with a long, sweeping flourish extending to the right.

Catherine Meyers, LCPC  
Executive Director  
Center for Children, Inc.

# **Leading by Example SB637 Written Testimony.pdf**

Uploaded by: Lauren Grimes

Position: FAV



Leading  
By Example

**SB 637**

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

Finance Committee

February 23, 2022

**POSITION: FAVORABLE**

Leading By Example is a mental health provider serving children, adults, and families in Baltimore City, Baltimore County, and Harford County. We have been working to improve the quality of life for these individuals since 2009, and have helped thousands of individuals and families dealing with significant mental health needs, across our five service lines.

The need for quality mental health and substance use care has never been higher, and SB637 includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care, all of which will help bring Maryland's system into the 21<sup>st</sup> century. There are 2 pieces of this bill that are especially important to our organization.

**Children's Intensive In-Home Services**

As a child and family-serving organization, the most essential piece of this bill addresses the alarming access barriers to intensive in-home services for 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 for children with intensive behavioral health needs.

Leading By Example began the process for 1915i service approval in 2016, and began program implementation of intensive in-home services in 2017. But from 2017- March 2020, LBE was able to initiate service for only 4 clients. Statewide, this service has been plagued by both eligibility and program viability barriers leading to its stark underutilization. While some modifications to eligibility have changed, it does not appear to have increased accessibility. Due to these under-enrollment challenges, in combination with the very low reimbursement rate and high staffing requirements, we have been unable to operate this program at all in recent years. 1915i services are designed to help families in crisis prevent out-of-home placement for their children, but between access

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barriers for the clients as well as high cost for providers, the service is functionally impossible for our organization to provide.

### **Measurement-Based Care**

Another important element of this bill is its requirement that Medicaid expand coverage of measurement-based care to behavioral health providers. You know what measurement-based care is because you experience it every time you go to the doctor. Your doctor takes your temperature, weight and blood pressure, and uses this data as a quick guidepost to decide if any changes to your care are needed. Your doctor gets paid for this.

Similar measurement-based care tools exist for mental health. Short, standardized assessments can be used to triage and categorize mental health symptoms in order to help a therapist decide if changes to treatment are needed. When used correctly, measurement-based care is demonstrated to improve client satisfaction with treatment, retention in treatment, and help clients get better. Clinicians and programs find it valuable for improving the quality of their care.

In the Maryland Medicaid program, doctors already get paid for doing measurement-based care for both somatic and mental health conditions. Unfortunately, mental health providers do not. This bill corrects this oversight by requiring reimbursement be available to behavioral health providers. Reimbursement will create sustainability and scale for the use of measurement-based care and its proven ability to increase the quality of care.

Leading By Example has used measurement-based care since 2019. It is used to guide treatment, motivate clients, and allows for more effective assessment of progress as individuals engage throughout treatment. MBC has had a positive impact on clients and has increased our ability to assess the effectiveness of treatment, allowing for treatment to be even more targeted and supportive of clients as they achieve their goals. MBC allows for individuals to see and quantify their progress, which inherently motivates and positively impacts outcomes. As a result, we see clients progress and maintain positive mental health outcomes.

We ask for a favorable report for SB637.



# **Volunteers of America Written Testimony SB637.pdf**

Uploaded by: Lauren Grimes

Position: FAV



Volunteers  
of America®

CHESAPEAKE & CAROLINAS

**Testimony on SB 637  
Health and Health Insurance – Behavioral Health Services – Expansion  
(Behavioral Health System Modernization Act)**

Senate Finance Committee

February 23, 2022

**POSITION: FAVORABLE**

Volunteers of America Chesapeake & Carolinas (VOACC) in Lanham, MD offers the VOA Hope Center, a Certified Community Behavioral Health Clinic (CCBHC) currently serving the mental health and substance use treatment needs of our community. As constituents and as behavioral health services providers, we urge you to pass the above cited Behavioral Health System Modernization Act. This legislation would ensure nationally recognized certification and sustainable treatment reimbursements for existing CCBHCs, and give mental health and substance use treatment organizations throughout our State the option of becoming a CCBHC – something every community needs and deserves. We need you, our state legislators, to enable Maryland to join the growing list of 40 states that have already certified 430+ CCBHCs, ensuring access to integrated, cost-effective community-based care to meet the escalating demand for behavioral healthcare.

As a CCBHC grantee funded by the Substance Abuse and Mental Health Administration (SAMHSA) from 2020-2022, VOACC is implementing the CCBHC model for mental health treatment and substance use disorder services, often avoiding far costlier services in emergency rooms, hospitals, and long-term residential treatment. Since 2019, the VOA Hope Center has been serving the most vulnerable adults and children with physical and complex mental health issues through our Greenbelt office in Prince George's County and our Woodlawn office in Baltimore County. As a CARF-accredited health and human services nonprofit, we have been providing human services to Maryland's most vulnerable since 1896 and specifically behavioral health and substance use recovery services since 1992. SAMHSA's investment in the VOA Hope Center in 2020 has increased our ability to:

- Expand access to state-of-the-art care for consumers through telehealth, and emphasize services for children and families, older adults, and veterans – populations that are particularly underserved.
- Increase partnerships with community organizations to provide coordinated care, including crisis intervention and treatment. We are collaborating, coordinating, or sharing resources through formal relationships with 18 community organizations, including those aimed at crisis intervention and mitigation.

**Volunteers of America Chesapeake & Carolinas**

7901 Annapolis Road, Lanham, MD 20706 | 301.459.2020 | voachesapeake.org

Helping America's most vulnerable®



CHESAPEAKE & CAROLINAS

- Grow the behavioral health workforce in Maryland communities at a time when that workforce is in high demand, while strengthening our workforce capacity and capabilities to deliver clinical best practices.
- Improve our infrastructure and service delivery models. We now offer seven services for serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness, substance use disorders, complex health profiles, and medication-assisted treatment to provide a “whole-person” approach to the treatment of substance use disorders including opioids.
- Integrate behavioral and physical health, along with important social determinants of health such as housing, food, reentry, and employment services for our consumers to address their full range of needs.

Despite the pandemic, in less than two years of operation under the SAMHSA grant, the VOA Hope Center has already made a difference. Despite immeasurable obstacles, our clients have made gains in six important psychosocial and health metrics:

Outcome Measure	Average Rate of Improvement Per Client
1. Improvement in overall health	30%
2. Improved functioning in everyday life	10%
3. Reduced serious psychological distress	16%
4. No use of illegal substances in past 30 days	10%
5. Improved housing stability	15%
6. Improved ability to remain in the community (despite behavioral health challenges)	10%

As we continue to serve, we face long-term sustainability challenges beyond our two-year grant period. Supported by the Behavioral Health System Modernization Act, our CCBHC will be able to continue providing proven mental health and substance use services to vulnerable individuals in Maryland. Should you have any questions, please contact Dr. Sheryl Neverson, Vice President of VOACC’s Maryland Programs, at your convenience at 240.784.7187 or [sneverson@voaches.org](mailto:sneverson@voaches.org).

Sincerely,

Russell Snyder  
President & CEO, Volunteers of America Chesapeake & Carolinas  
Volunteers of America Chesapeake & Carolinas  
7901 Annapolis Road, Lanham, MD 20706 | 301.459.2020 | voachesapeake.org  
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**MHAC Support SB 637.pdf**

Uploaded by: Leslie Frey

Position: FAV



Montgomery County Mental Health Advisory Committee

**FAVORABLE**

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

**SB 637 Behavioral Health System Modernization Act  
Submitted by  
Montgomery County Mental Health Advisory Committee**

February 23, 2022

Senator Delores G. Kelley  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Chairwoman Kelley and the Respected Members of the Finance Committee:

**The Montgomery County Mental Health Advisory Committee (MHAC) is pleased to support SB 637 Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act).**

MHAC was established to advise the Montgomery County Executive and the County Council on matters concerning mental health. Our work includes providing citizen oversight to all state-funded mental health agencies serving Montgomery County and serving as an advocate for a comprehensive mental health system for persons of all ages. The Committee helps to ensure that publicly-funded mental health services are responsive to local needs, accountable to the citizenry and accessible to those in need. Our work includes closely following State and County legislative proposals relating to mental health. MHAC is comprised of citizen members who serve three-year terms without compensation that includes practicing physicians in the County, mental health professionals in the County who are not physicians and individuals who are currently receiving or have in the past received mental health services as well as agency members that includes the Department of Health and Human Services, Montgomery County Public schools, and the Department of Juvenile Services.

**SB 637 Behavioral Health System Modernization Act is critical.** This bill includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. The Behavioral Health System Modernization Act will:

- Increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

Behavioral Health and Crisis Services • Child and Adolescent Behavioral Health Services

7300 Calhoun Place, Suite 600 • Rockville, Maryland 20855 • 240-777-1432 • 240-777-4447 FAX

[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

- Improve health outcomes and treatment quality by expanding the delivery of individualized, data-driven measurement-based care in behavioral health care settings, and by enhancing care coordination in primary care settings.
- Strengthen the behavioral health workforce by expanding resources and support for peer support networks and certified peer recovery specialists.
- Improve care for children and youth with behavioral health needs by increasing the availability of home- and community-based wraparound services.
- Reduce reliance on law enforcement and emergency departments by enhancing Maryland's network of crisis call centers, mobile crisis teams, and crisis stabilization facilities.

The demand for mental health and substance use care has never been higher. These system enhancements are needed now more than ever.

We strongly urge you to support this bill. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Helga Luest". The signature is written in a cursive, flowing style.

Helga Luest  
Chair, Mental Health Advisory Committee

# **Modernization Act v2.pdf**

Uploaded by: Lori Doyle

Position: FAV

# Strengthen Behavioral Health in MD

Support Senate Bill 637 / House Bill 935

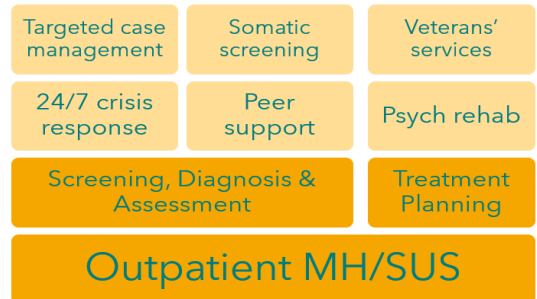


The pandemic has dramatically increased demand for mental health and addiction services. Modernizing Maryland's public behavioral health system will create the capacity to meet rising demand effectively. Investments included in Senate Bill 637 / House Bill 935 build a stronger behavioral health system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



# Strengthen Behavioral Health in MD

Issue Brief | Page 2



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.

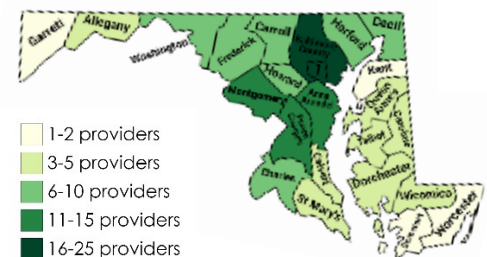
Subtitle 11 requires the Maryland Department of Health to review training and reimbursement for intensive child services, known as case management, wraparound services, and intensive in-home services. These programs are designed to keep high-risk youth from out-of-home placement and inpatient services. 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](https://mdcbh.org/public-policy).

Advocate ● Educate ● Affiliate

**SB 637- CBH - FAV.pdf**

Uploaded by: Lori Doyle

Position: FAV



**Testimony on SB 637**  
**Health and Health Insurance – Behavioral Health Services – Expansion**  
**(Behavioral Health System Modernization Act)**

Senate Finance Committee

February 23, 2022

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

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: expanding the use of measurement-based care, implementation of Certified Community Behavioral Health Clinics (CCBHCs), and improvements to the Targeted Case Management and 1915(i) programs for kids. Following is a brief summary of these three initiatives, but we have also attached information sheets on the latter two programs for your convenience.

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. We are all familiar with this in our primary care settings: our practitioner assesses for conditions, such as high blood pressure, prescribes an intervention – perhaps a medication – and then routinely checks that the intervention taken is working. If not, 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. SB 637 would change that.

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 Centers model 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 5-year evaluation of the original eight demonstration states showed remarkable outcomes, including significant reductions in emergency department (ED) 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 Montgomery, Anne Arundel, and Prince George’s Counties, and Baltimore City). We urge adoption of this model before these 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 and inpatient care. Our hospitals report significant problems in finding appropriate placements for children and young adults stuck in their EDs. Part of the problem has been unreasonably high eligibility requirements for kids to access the services and below-



industry-standards reimbursement rates for providers. The result is that programs intended to serve 350 youth now serve about 35.

We now face a time of unprecedented demand for behavioral health services but also have a structural budget surplus allow needed investments in our behavioral health system.

We urge a favorable report on SB 637.

*For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or [lori@mdcbh.org](mailto:lori@mdcbh.org).*

**2022 LCPCM SB 637 Senate Side.pdf**

Uploaded by: Lynn Kao

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 637

**Title:** Health and Health Insurance - Behavioral Health Services - Expansion  
(Behavioral Health System Modernization Act)

**Hearing Date:** February 23, 2022

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 637 – Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)*. This bill will significantly modernize the state’s behavioral health system.

For the several years LCPCM has been a strong supporter of increased investment in behavioral health services. This bill will ensure that the governor includes funding for a variety of community behavioral health services. LCPCM is particularly happy to see that this bill requires coverage of measurement-based care. There is a growing recognition that using standardized measurement tools can help improve the outcomes in behavioral health care. However, the only way providers can fully integrate measurement-based care is if they are able to get reimbursement. By requiring coverage of measurement-based care, this bill will move the state towards ensuring that all Marylanders can access high quality behavioral health services.

We urge a favorable report on Senate Bill 637 in order to help modernize our state’s behavioral health system. If we can provide any further information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).

**2022 MCHS SB 637 Senate Side.pdf**

Uploaded by: Lynn Kao

Position: FAV



## Maryland Community Health System

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill:</b>	<b>Senate Bill 637 – Health and Health Insurance - Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)</b>
<b>Hearing Date:</b>	<b>February 23, 2022</b>
<b>Position:</b>	<b>Support</b>

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Maryland Community Health System strongly supports *Senate Bill 637 – Health and Health Insurance - Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)*. This bill seeks to increase the state's investment in behavioral health services significantly.

Maryland Community Health System is a network of federally qualified health centers focused on providing somatic, behavioral, and dental services to underserved communities. We support this legislation because it is a needed investment in the behavioral health safety net, which has been stretched beyond capacity. We wanted to note that one part of the bill is of interest to providers like federally qualified health centers. Building on the Collaborative Care Pilot Program, the bill requires the Department to reimburse for behavioral health services provided in primary care settings. Although specialty behavioral health providers are very important to our behavioral health system, integrating behavioral health and primary care is a way we can increase access to care.

We ask for a favorable report, and we stand ready to assist the Committee in every way possible in this endeavor. If we can be helpful in any way, please let us know by contacting Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).



**2022 MOTA SB 637 Senate Side.pdf**

Uploaded by: Lynn Kao

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 131 ♦ Stevenson, Maryland 21153 ♦ [mota.memberlodge.org](http://mota.memberlodge.org)

**Committee:** Senate Finance Committee

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

**Date:** February 23, 2020

**Position:** Support

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 637 – Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)*. This bill would significantly increase the state’s investment in behavioral health care.

Occupational therapists address barriers that individuals with mental health conditions experience in the community by providing interventions that focus on enhancing existing skills; remediating or restoring skills; modifying or adapting the environment or activity; and preventing relapse. As such, both the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA) include mental health services within the scope of practice for occupational therapists.<sup>1</sup>

Over the past few years, the General Assembly took several necessary steps to increase investment and modernize our state’s education system. We see this bill as doing similar work for our behavioral health system. Many Marylanders do not have access to necessary care due to gaps in our system. This bill will help close these gaps by increasing investment in many areas, including peer support services, crisis response, and wraparound services for children.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net) or (443) 350-1325.

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<sup>1</sup> National Board for Certification in Occupational Therapy – Certificate Renewal.  
<https://www.nbcot.org/Certificants/Certification>

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American Occupational Therapy Association – Occupational Therapy’s Role in Community Mental Health.

<https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mental-health.pdf>



# **SB0637 CLASP Support.pdf**

Uploaded by: Nia West-Bey

Position: FAV

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

Finance Committee

February 23, 2022

### TESTIMONY IN SUPPORT

Thank you for the opportunity to submit written testimony in support of Senate Bill 637 on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions to improve the lives of people with low incomes. We develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing institutional and racial barriers faced by people of color. With over 50 years at the federal, state, and local levels, we're advancing a bold vision for the future rooted in economic security and racial equity.

Through the [Policy Advancing Transformation and Healing \(PATH\) initiative](#), CLASP collaborated with partners to advance systems and policy changes that support well-being for transition-age youth (ages 16-17) and young adults (ages 18-24). Since June of 2019, we have been providing technical assistance to Prince George's County behavioral health and youth system leaders as part of this initiative. Based on our deep work in support of youth and young adult mental health at the local, state, and federal level, we are writing to support the Behavioral Health System Modernization Act.

The need for quality mental health and substance use care has never been higher. At the national level, the office of the [Surgeon General issued an advisory](#) in December of 2021 raising the alarm about the state of youth mental health. CLASP's own research demonstrates that youth and young adults' mental health need [was growing well before the pandemic](#), at least [tripled in 2020](#), and [remained alarmingly high in 2021](#). [More than 3 million young people](#) in July of 2021 reported that they needed mental health support in the last week and did not receive it. Maryland's data mirrors these national trends. Over [45 percent of Maryland youth](#) aged 12-17 who have depression did not receive any mental health care in the last year. Suicides among Marylanders aged 18-25 [increased by 80%](#) from the first half of 2020-2021. Maryland has [48 federally designated mental health professional shortage areas](#), including 16 entire counties.

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 peers 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.

CLASP is particularly supportive of the provisions of the bill that will strengthen the behavioral health workforce by expanding resources and support for peer support networks and certified peer recovery specialists. Peer support specialists are consistently identified by youth and young adults as preferred providers of behavioral health care because of their shared experience and background. Peer support providers can support young people in a variety of community-based settings where they are comfortable. Nationwide, peer support services are already [Medicaid reimbursable in 39 states](#); making these services Medicaid reimbursable in Maryland was recommended by a legislatively mandated workgroup in 2018.

CLASP is also particularly supportive of the bill's provisions that will reduce reliance on law enforcement and emergency departments by enhancing Maryland's network of crisis calls centers, mobile crisis teams, and crisis stabilization facilities. We are dedicated to the safety and well-being of all youth, but more specifically youth and young adults of color who have mental health conditions. We want to ensure that youth with mental health conditions have access to quality mental health supports and services that do not involve the criminal justice system and law enforcement. [Police-free youth mobile response services](#) that are fully reimbursable for all providers, and free for all of their clients are essential to achieving these goals.

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

# **LWVMD-SB 637-Health and Health Insurance- Behavior**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE FINANCE COMMITTEE

**SB0637: Health and Health Insurance- Behavioral Health Services- Expansion (Behavioral Health System Modernization Act)**

**POSITION: Support**

**BY: Nancy Soreng, President**

**DATE: February 23, 2022**

The League of Women Voters supports **Senate Bill 637: Behavioral Health System Modernization Act**, as it will reform and strengthen our behavioral health system to better meet the increasing demand for mental health and substance use services.

The League believes that every U.S. resident should have access to quality, affordable behavioral health care that is integrated with, and achieves parity with, physical health care.

In its *Statement of Position on Health Care*, the League details its support for behavioral health care goals including:

- Access for all people to quality in- and out-patient behavioral health care, including needed medications and supportive services*
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence*
- Early and appropriate diagnosis and treatment for children and adolescents that is family focused and community-based*

**The stress of the pandemic has especially affected the emotional health and well-being of vulnerable children and families.** Stressors such as isolation from friends, disruption of familiar routines, uncertainty about the future, economic pressure from loss of employment, or trauma from caregiver illness have led to increased feelings of despair and anxiety, and a heightened risk of opioid-related death. There is a particular need now for increased supportive services of all types, including intensive in-home and community-based prevention and early intervention programs, with wraparound services for at-risk children that will reduce disruptions in the home, school, and community.

**The Behavioral Health Modernization Act** will increase the number of Certified Community Behavioral Health Clinics, and will fund services provided by peer recovery specialists. **It will also fund crisis stabilization services, centers for treatment of**



**mental health or substance use emergencies, and mobile behavioral health crisis teams that will offer alternatives to law enforcement intervention or hospital Emergency Department treatment – both of which are especially traumatic for children and youths.**

**Senate Bill 637** will expand and provide equitable access to critical home and community-based treatment supports for Marylanders of all ages with behavioral health needs.

**The League urges the committee to give a favorable report to SENATE BILL 637.**

# **MPA Testimony 2022 - Support - SB 637 - Health and**

Uploaded by: Paul Berman

Position: FAV



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. [www.marylandpsychology.org](http://www.marylandpsychology.org)

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February 21, 2022

Senator Delores G. Kelley, Chair  
Finance Committee  
Maryland Senate  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**RE: SB 637 Position: SUPPORT**

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, would like to offer its strong support for **Senate Bill 637 and ask you to report favorably on this legislation.**

SB 637 is critical to Maryland's families. There is a long-standing need for mental health services in Maryland's communities and SB 637 will allow for the provision of needed services.

SB 637 requires that every county in Maryland have access to Certified Community Behavioral Health Clinics (CCBHCS). When consumers have access to treatment at Community Behavioral Health clinics then inpatient hospitalizations and emergency department utilizations decrease. SB 637 also allows for the use of data-driven outcomes measures which have proven to increase the effectiveness of community-based treatments. SB 637 also expands resources and support for peer support networks and certified peer recovery specialists. These services and programs have shown positive outcomes and to be an important factor in the recovery process. Finally, SB 637 requires that Medicaid and other health insurers reimburse for behavioral health crisis response services. This will reduce Maryland's reliance on law enforcement and emergency room departments for mental health emergencies.

For these and other reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on **Senate Bill 637.**

Please feel free to contact MPA's Executive Director Stefanie Reeves at [exec@marylandpsychology.org](mailto:exec@marylandpsychology.org) if we can be of assistance.

Sincerely,

*Linda McGhee*

Linda McGhee, Psy.D., JD  
President

*R. Patrick Savage, Jr.*

R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

# **SB0637 Paul Galdys Testimony.pdf**

Uploaded by: PAUL GALDYS

Position: FAV



**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 16<sup>th</sup>, 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". The signature is fluid and cursive, with a large initial "P" and "G".

Paul Galdys  
Deputy CEO  
RI International

# **Favorable Testimony on Senate Bill 637.pdf.pdf**

Uploaded by: Shannon Aleshire

Position: FAV



February 4, 2022

**Health and Government Operations Committee  
TESTIMONY IN SUPPORT**

*SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund*

Mental Health Association (MHA) of Frederick County, a private non-profit in Frederick County, is a primary provider of crisis services in our county. The work of our organization is to support the emotional wellness in our community through preparing resilient children, securing vulnerable families, and standing with those in crisis. MHA of Frederick County is the home of the 988 call center for Western Maryland. We have answered the National Suicide line since 2001.

**Mental Health Association of Frederick County is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund.** This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

As a provider of this service, we know adequate funding is crucial. We received a \$7,500 annual stipend from the National Suicide Lifeline to provide 24/7 availability for persons in crisis and with thoughts of suicide. The call centers are the foundation of the crisis system structure and provide access to well-trained staff. 90% of calls are handled without additional intervention from more expensive services such as law enforcement or hospital admission. Funding of centers that attracts a quality workforce and highlights the life-saving work that occurs every day is critical.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **Mental Health Association of Frederick County urges the House Health and Government Operations Committee to pass SB 241.**

Thank you for your consideration,

Shannon Aleshire, CEO

Mental Health Association of Frederick County

**Mental Health Association of Frederick County**  
226 South Jefferson Street, Frederick MD 21701  
301.663.0011, [www.fcma.org](http://www.fcma.org)



**SB637\_MARFY\_FAV.pdf**

Uploaded by: Therese Hessler

Position: FAV



**February 23, 2022**

**Senate Bill 637  
Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System  
Modernization Act)  
Finance Committee**

**Position: FAVORABLE**

The Maryland Association of Resources for Families and Youth (MARFY) is an association of private child caring organizations providing foster care, group homes, and other services through more than 200 programs across Maryland. The members of MARFY represent providers who serve Maryland's most vulnerable children who are in out of home placements due to abuse, neglect or severe mental health, and medical needs. We operate group homes, treatment foster care programs and independent living programs, primarily serving the foster care population as well as the juvenile services population.

If passed, Senate Bill 637 would expand access to certain behavioral health care and supporting services to serve individuals experiencing a mental health or substance use emergency. This legislation requires Medicaid and other health insurers to reimburse for measurement-based care in behavioral healthcare setting, and it requires Medicaid to reimburse for specific treatments, including “family-centered treatment” allowing the underlying functions of a youth’s disruption within the home, school, and community to be addressed as well as prevented by authorizing the reimbursement of “functional family therapy” for high-risk youth.

These important services promote recovery, resilience, and wellness within individuals, their families, and their communities; supporting families experiencing difficulties associated with child abuse, neglect, juvenile delinquency, child or parental developmental disabilities, or mental health concerns. Family Centered Treatment may be appropriate for families that are experiencing a child re-entering the family home from residential placement, potential removal of children from the home, multiple children in multiple placements, a history of poor outcomes from prior mental health services, or a child who is a juvenile offender who has required residential placement or crisis services.

Senate Bill 637 will improve care for children and youth by increasing the availability of home and community based wraparound services, keeping youth with intensive behavioral health needs in their homes and out of the hospital.

It is for these aforementioned reasons, that we politely ask for a FAVORABLE report on Senate Bill 637. Thank you.

**For more information call or email:**

Therese M. Hessler | 301-503-2576 | [therese@ashlargr.com](mailto:therese@ashlargr.com)

# **SB 637 - Support - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: FAV



February 17, 2022

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401

RE: Support – SB 637: Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)

Dear Chairman Kelley and Honorable Members of the Committees:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports Senate Bill 637: Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act), a very comprehensive approach that covers many areas that are required to provide ideal expanded crisis services and more intensive community-based services that are seen as "gold standards" but not funded currently.

The demand in Maryland for high-quality mental health and substance use services has never been higher when one considers the following:

- 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.
- Over 45% of Maryland youth aged 12 - 17 who have depression did not receive any mental health care in the last year.
- 650 Maryland lives were lost to suicide last year.
  - 188,000 adults had thoughts of suicide.
  - Suicides among Marylanders aged 18-25 increased by 80% from the first half of 2020-2021.



- The largest increase in suicide attempts and emergency department visits has been among Marylanders aged 65+ (over 90% increase from 2018-2021).
- 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.
- Maryland has 48 federally designated mental health professional shortage areas, including 16 entire counties.
- Maryland hospitals saw more than 417,000 visits for behavioral health crises in 2019.

If enacted, SB 637 will accomplish the following in addressing the statistics above:

- Increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs);
- Improve health outcomes and treatment quality by expanding the delivery of individualized, data-driven measurement-based care in behavioral health care settings and by enhancing care coordination in primary care settings;
- Strengthen the behavioral health workforce by expanding resources and support for peer support networks and certified peer recovery specialists;
- Improve care for children and youth with behavioral health needs by increasing the availability of home- and community-based wraparound services; and
- Reduce reliance on law enforcement and emergency departments by enhancing Maryland's network of crisis call centers, mobile crisis teams, and crisis stabilization facilities

SB 637 is a positive step toward improving psychiatric crisis management and community mental health treatment in the state with an appropriate amount of funding to accomplish its goals. MPS/WPS, therefore, ask this committee for a favorable report on SB 637.

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

# **SB637 Support letter from Atlantic General Hosptia**

Uploaded by: Tina Simmons

Position: FAV



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

Finance Committee

February 23, 2022

**TESTIMONY IN SUPPORT**

Atlantic General Hospital Corporation (AGH) is located in Worcester County, a federally-designated medically-underserved area and a state-designated rural community. Founded in 1993, AGH is a 62 bed state-of-the-art, full-service, acute care, inpatient and outpatient hospital and has provider offices in 17 locations. In partnership with Tidal Health, we were awarded an \$11.3 M grant to establish a regional hub for behavioral health that includes a primary behavioral health crisis center located near Tidal Health and a secondary behavioral health crisis center located near Atlantic General Hospital. The Atlantic General center opened on January 31, 2022 and has already treated over 35 people in crisis during the first three weeks.

Mental health and substance use treatment needs in our area have increased significantly throughout the pandemic. Worcester County's FY 22 needs assessment demonstrated the following:

- 20.7 % adults in Worcester county had a depressive disorder. This rate is 16.6% for MD.
- 17.8% of adults experienced poor mental health for >8 days in a 30-day period.
- Nearly 1 in 5 Worcester students considered attempting suicide.
- 22% of middle school students seriously thought about killing themselves.
- Worcester County's population to mental health provider ratio is higher than neighboring counties and the state ratio; there is a dearth of trained providers available.
- Worcester County was ranked 3 out of 24 MD counties with high binge drinking rates among high school students.
- Rates of lifetime substance use among Worcester HS students were higher across the board compared to the overall state (with the exception of IV drug use).

Federal data indicates that 57% of patients are in need of mental health services and 90% are in need of dual mental health and substance use disorder services and do not receive the necessary treatment (SAMHSA, 2019). Lack of available resources and social determinants affecting health equity contribute to these figures.

SBO637 will drive improvements by expanding access to and coverage to include peer support resources, certified community based behavioral health clinics and needed wraparound services. Measurement-based care in outpatient settings will support improved outcomes. Adding these resources will decrease the unnecessary utilization of law enforcement and hospital emergency departments for services that should be provided by in behavioral health settings.

Sally Dowling, MD

AGH Co-Interim President/CEO, Vice President of Medical Affairs

# **SB 637\_BH Services Expansion\_LOI.pdf**

Uploaded by: Allison Taylor

Position: INFO





Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

February 23, 2022

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 637 – Letter of Information**

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente appreciates the opportunity to provide comments on SB 637, Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act)

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

SB 637 requires a carrier to provide reimbursement for services of a certified peer recovery specialist under the supervision of a behavioral health program for any service that is within the scope of a peer recover specialist. It also requires a carrier to provide coverage for behavioral health crisis response services and measurement-based care provided in a behavioral health setting.

Section 15-1501 of the Insurance Article requires the Maryland Health Care Commission to evaluate the social, medical, and financial impacts of proposed mandated health insurance services and report annually to the General Assembly by December 31. As this bill proposed new mandated health insurance services, we recommend that the General Assembly refer this mandate to MHCC for review in lieu of passing SB 637 this session.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

Allison Taylor  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

# **SB637 - Hopkins - LOI.pdf**

Uploaded by: Annie Coble

Position: INFO

TO: The Honorable Delores Kelley, Chair  
Senate Finance Committee

FROM: Annie Coble  
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 23, 2022

Johns Hopkins University and Medicine would like to provide information related to the provisions in SB637 Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act). This bill expands the behavioral services available in Maryland by establishing wellness and recovery centers, recovery community centers, peer recovery services. The bill also requires reimbursement, by Medicaid and private insurers, for peer recovery services, measurement-based care and behavioral health crisis services.

Johns Hopkins shares the General Assembly's commitment to addressing substance use disorder in the communities we serve. We deliver substance use disorder treatment to thousands of patients at The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center and in the community. Across our campuses, Johns Hopkins operates inpatient, residential, day hospital, outpatient, intensive outpatient, medication treatments, peer services and community programs to meet the needs of patients suffering from substance use disorder. Additionally, Johns Hopkins partners with community based behavioral health providers to meet the needs of our patients.

Peer recovery support services are delivered by people who have not only experienced mental health issues or substance use disorder but who have also experienced recovery. Peer recovery support services help people become and stay engaged in the recovery process and reduce the likelihood of a relapse. Because these recovery services are delivered by peers who have been successful in the recovery process, these services represent a message of hope as well as a wealth of experiential knowledge. Peer recovery services can effectively extend the reach of treatment beyond the clinical setting into the community of those seeking to achieve or sustain recovery. Peer support is widely recognized in the medical field as a valuable compliment to professional medical and social interventions. Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions. Peer recovery support services can fill a need often noted by treatment providers for services to support recovery after an individual leaves a treatment program. Peer recovery support services can serve as a vital link between systems that treat behavioral health disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live. Peer-delivered services have been proven to generate superior outcomes in terms of engagement of "difficult-to-reach" clients, reduced rates of hospitalization and days spent as inpatient, and decreased substance use among persons with co-occurring substance use disorders.

We hope you find this information regarding the important role of peer in recovery as you consider SB637.

# **SB 637 Behavioral Health Services - Expansion (Aug**

Uploaded by: Barbara Wilkins

Position: INFO



# Maryland

DEPARTMENT OF BUDGET  
AND MANAGEMENT

LARRY HOGAN  
*Governor*

BOYD K. RUTHERFORD  
*Lieutenant Governor*

DAVID R. BRINKLEY  
*Secretary*

MARC L. NICOLE  
*Deputy Secretary*

## **SENATE BILL 637 Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act) (Augustine)**

### **STATEMENT OF INFORMATION**

**DATE:** February 23, 2022

**COMMITTEE:** Senate Finance

**SUMMARY OF BILL:** SB 637, in part, mandates an appropriation in the amount of \$15 million in FY 2024, \$18 million in FY 2025, \$21 million in FY 2026, and \$24 million in FY 2027 and each fiscal year thereafter for wellness and recovery centers, recovery community centers, and peer recovery services; **requires funding** for 100 slots in the Mental Health Case Management Program; and mandates appropriations in the amount of \$150,000 in FY 2024, \$250,000 in FY 2025, and \$350,000 in FY 2026 and each fiscal year thereafter.

**EXPLANATION:** The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the millions of dollars in mandated appropriations that impact the FY 2024 and subsequent budgets. DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which will require spending allocations for FY 2024 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2022.

The FY 2023 Budget allocates: \$5 million for the Behavioral Health Crisis Response Grant Program; \$4.8 million for mobile crisis teams that provide 24/7 availability of intervention services to the location of a person in crisis; and \$3.4 million in federal funds for Home and Community Based Services in Behavioral Health Medicaid under the Children's Health Insurance Program.

The Capital Improvement Program provides for the construction of four 24-hour regional behavioral health crisis centers throughout the State (FY 2023 - FY 2026). The FY 23 Capital Budget includes funding to begin a prototypical design for these crisis centers.

Changes to the Maryland Constitution in 2020 provide the General Assembly with additional budgetary authority, beginning in the 2023 Session, to realign total spending by increasing and adding items to appropriations in the budget submitted by the Governor. The legislature's new budgetary power diminishes, if not negates, the need for mandated appropriation bills.

Fully funding the implementation of the Blueprint for Maryland's Future (Kirwan) will require fiscal discipline in the years ahead, if the State is to maintain the current projected structural budget surpluses. Mandated spending increases need to be reevaluated within the context of this education funding priority and the Governor's tax relief proposals.

Economic conditions remain precarious as a result of COVID-19. High rates of inflation and workforce shortages may be short lived or persist, thereby impacting the Maryland economy. While current budget forecasts project structural surpluses, the impact of the ongoing COVID-19 pandemic continues to present a significant budgetary vulnerability. The Department continues to urge the General Assembly to focus on maintaining the structural budget surplus.

**For additional information, contact Barbara Wilkins at  
(410) 260-6371 or [barbara.wilkins1@maryland.gov](mailto:barbara.wilkins1@maryland.gov)**

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Position: INFO



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 23, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401- 1991

### **RE: SB 637 – Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act) – Letter of Information**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 637 – Health and Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act).

MDH estimates implementing the bill’s requirements will result in a fiscal impact of \$3.9 billion total funds (\$1.8 billion federal funds, \$2.14 billion general funds) from FY 2023 through FY 2027. This estimate includes both the cost of new services and mandatory budget allocations. To the extent that these interventions result in savings due to reductions in emergency room utilization, hospitalizations, and readmissions, some costs may be offset over time.

MDH is currently in the planning stages for two key coverage expansions—Mobile Crisis Services and Certified Peer Recovery Specialist (CPRS) services for substance use disorder (SUD). The Governor’s budget included a \$4.8 million total fund (\$2.4 million federal fund, \$2.4 million general fund) allocation to support delivery of mobile crisis services by 12 providers with an annual operating cost of \$400,000.

Additionally, as part of MDH’s quarterly American Rescue Plan Act (ARPA) spending plan update, MDH requested approval to use a portion of the additional funding pulled down through the enhanced federal match for home and community based services to support coverage of CPRS services for SUD.<sup>1</sup> If approved, MDH will invest an estimated \$24 million total funds (\$14.4 million federal funds, \$9.6 million general funds) to support CPRS for SUD annually. All existing resources are dedicated to supporting existing programs and these new initiatives.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov) or (443) 695-4218.

Sincerely,

Dennis R. Schrader  
Secretary

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<sup>1</sup> American Rescue Plan Act of 2021, Section 9817. Spending Plans and Narrative, Quarterly Update, February 2022.

[https://health.maryland.gov/mmcp/Documents/Maryland\\_ARPA\\_Quarterly%20Spending%20Plan\\_2.1.22.pdf](https://health.maryland.gov/mmcp/Documents/Maryland_ARPA_Quarterly%20Spending%20Plan_2.1.22.pdf)