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**House Bill 48 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**

**Testimony**

**House Health and Government Operations Committee**

**February 7, 2023**

**Position: Support**

My name is Celia Serkin. I am Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc., a family support organization providing family peer services, family navigation, group support, education, and advocacy for parents and other primary caregivers who have children, youth, and/or young adults with behavioral health challenges (mental health, substance use or co-occurring disorders). We serve families from diverse cultural, racial, ethnic, social-economic, and religious backgrounds. The organization is run by parents who have raised children with behavioral health challenges. I have two children, now adults, who have behavioral health challenges.

**The Montgomery County Federation of Families for Children's Mental Health, Inc., is pleased to support House Bill 48 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion.** HB 48 will repeal the Collaborative Care Pilot Program and require the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program.

HB 48 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM). CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated "clinically significant improvement" in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

Montgomery County Federation of Families for Children's Mental Health, Inc. supports HB 48 because it will allow more children, youth, and young adults with behavioral health challenges to access mental health and

substance use treatment in primary care settings by eliminating barriers to care. As a family support organization, we have witnessed a heartbreaking surge in youth suicides and overdoses. The need for mental health and substance use treatment continues to increase. However, the stigma around mental health and substance use disorders and seeking help remains prevalent. This stigma can prevent families from seeking treatment. Many families would be open to receiving behavioral health treatment in primary care settings because this would be less stigmatizing.

CoCM promotes behavioral health equity. There are significant health and healthcare disparities among Black and Hispanic groups compared with Caucasian counterpart. CoCM can utilize the psychiatrist as a consultant whose time is not constrained by a burgeoning caseload, which will allow more patients to receive evidence-based treatment. At the same time, this will build the psychiatric competence of primary care providers over time. CoCM will permit psychiatry to be more equitably distributed so more individuals can be reached, including those in underserved and inappropriately served communities. CoCM will increase access to behavioral health treatment by offering (1) Care coordination and management; (2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and (3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, the Montgomery County Federation of Families for Children's Mental Health, Inc. urges this committee to pass HB 48.