



## Montgomery County Mental Health Advisory Committee

**February 7, 2023**

**Written Testimony in Support of HB 48**

Delegate Joseline A. Pena-Melnyk  
Chair, Health and Government Operations Committee  
241 Taylor House Office Building  
6 Bladen Street  
Annapolis, MD 21401

Dear Delegate Pena-Melnyk:

The Montgomery County Mental Health Advisory Committee (MHAC) is pleased to support **House Bill 48 - Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion**, which 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.

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.

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.

MHAC supports CoCM as a way to increase access to mental health and substance use treatment and reduce barriers to getting care. The COVID-19 pandemic has had serious negative impacts on the mental health and psychological wellbeing of children, youth, and young adults and their families, particularly for groups at risk of new or exacerbated mental health and substance use challenges and those facing barriers to accessing care. The COVID 19 crisis has turned into a mental health and substance use crisis for young people. It is well documented that COVID-19 has led to diverse mental health problems, including anxiety, depression, posttraumatic stress disorder, and other trauma- and stress-related disorders. Youth suicides and overdoses have increased.

Currently, there are many barriers preventing adult consumers and families who have youth with behavioral health challenges from accessing mental health and substance use treatment. The workforce crisis has adversely affected the number of English speaking and bilingual behavioral health providers who provide services. This has resulted in increased wait lists for services and the ballooning labor burden on behavioral health providers who are struggling to meet the proliferated need for treatment. CoCM is key to reducing barriers to accessing treatment by integrating somatic and behavioral health services in primary care settings that includes (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. Most people with mild to moderate behavioral health conditions first seek care in primary care settings. However, consumers with serious and persistent mental health challenges are more likely to be seen by specialty mental health providers, but often have limited access to effective medical care and experience high mortality rates. CoCM plays a critical role in helping to ensure that those with serious and persistence mental health challenges can access physical and mental health care.

There are significant health disparities among Black and Hispanic groups compared with Caucasian counterpart. CoCM will help to reduce health inequalities. There are consumers and families from various cultural, racial, ethnic, religious, and socio-economic backgrounds who are more likely to engage in mental health and substance use treatment when it is delivered in primary care settings as this approach is less stigmatizing.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, the Montgomery County Mental Health Advisory Committee urges this committee to pass HB 48.**

Sincerely,

A handwritten signature in black ink that reads "Susan Kerin". The signature is fluid and cursive, with the first name "Susan" written in a larger, more prominent script than the last name "Kerin".

Susan Kerin  
Chair, Montgomery County Mental Health Advisory Committee