



**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).*