American Foundation for Suicide Prevention
Maryland

RE: FAVORABLE on HB 935
Behavioral Health System Modernization Act
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Behavioral health conditions and substance use disorders are significant risk factors for suicidal behaviors. Suicide is the third leading cause of death in Marylanders ages 10 – 34 (CDC; 2021); youth in our child welfare and juvenile justice systems are at even higher risk. The opioid epidemic and the COVID-19 pandemic have dramatically impacted the health and well-being of Marylanders. Mental health challenges related to these crises disproportionately affect youth and younger adults, racial and ethnic minorities, essential workers, and unpaid adult caregivers (Czeisler et al., 2020). The need for behavioral health and suicide prevention services has never been more urgent.

The American Foundation for Suicide Prevention (AFSP) is a nonprofit organization with chapters in every state, including Maryland. AFSP's mission is to "save lives and bring hope to those affected by suicide" through research, education, advocacy, and support for suicide loss survivors. AFSP is a thought leader in suicide prevention and the largest private funder of suicide prevention research. As a partner with other mental health organizations, AFSP collaborates through advocacy to support improved access to evidence-based quality behavioral health care and coverage for these services.

While I am representing AFSP in providing this testimony, I also currently serve on the Maryland Governor's Challenge to Prevent Suicide among Service Members, Veterans, and Families and as a Commissioner on the Maryland Governor's Commission on Suicide Prevention in which I chair the Postvention Task Force. My professional experience includes several decades as a psychologist working in health care systems developing and implementing quality outcomes-driven behavioral health care and evidence-based psychological health care. As a subject matter expert in psychological health care for the military health system, I am familiar with many provisions in **HB 935** as they were incorporated into to the military health system as best practices for evidence-based behavioral healthcare.

Of equal relevance to this bill is my personal experience as a caregiver for my daughter who is thankfully now in good recovery from a serious mental illness which compromised her physical health, threatened her life, and almost proved fatal. My family experienced enormous stress over a decade, during which my oldest daughter was at risk from dying of the medical complications of her illness and made several suicide attempts. As a consumer of behavioral health care services, I found the system under-resourced to provide the community-based, comprehensive, evidence-based healthcare that my daughter required and the support that my family needed to cope with the severe, unremitting challenges associated with her illness.

The Behavioral Health System Modernization Act addresses the provision, funding, and requirement for health coverage for an expanded set of behavioral health care services beginning January 1, 2023. These services are integral components of a quality 21st century behavioral health care system, and insurance coverage is necessary to provide consumer access to and reimbursement for these services. I would like to highlight the value and importance of some of these services to providing access for Marylanders to the best practices in behavioral health care.

- Peer recovery specialists

Peer support is a recovery-oriented, relationship focused approach in which an individual struggling with a behavioral health condition is supported by a trained person who has faced a similar experience and recovered. The help provided in peer supported services is based on knowledge and skills that the peer has attained through their lived experience (Shalaby & Agyapong, 2020). Peer recovery specialists (PRS; also called: peer providers, peers, peer support specialists, peer supporters, peer mentors, peer navigators, certified peer support specialists) are staff roles within behavioral health services for consumer peer workers and carer peer workers. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) defined core competencies for PRS based on the principles of recovery-oriented and person-centered care. Subsequently, Maryland developed a certification program for PRS and a credentialing process for registration as a peer supervisor.

There is promising evidence for the positive benefits of peer support interventions for promoting personal recovery (Lyons et al., 2021) and instilling hope (Schrank et al., 2017). PRS can be effective in engaging individuals into care, reducing the use of emergency rooms and hospitals, and reducing substance use in individuals with behavioral health conditions and co-occurring substance use disorders (Davidson et al., 2012). Additional benefits of peer recovery specialists are the potential savings to the behavioral health service delivery system and the extension of behavioral health service to areas with limited services and professionals, such as rural areas and low-income communities (Solomon, 2004).

Peer specialists foster hope, provide connection and validation to a consumer's lived experience, and support a peer's capacity to recover from their behavioral health condition. Peer support services are offered across the world and recommended in policy guidance internationally. More than 30,000 PRS in the United States offer Medicaid reimbursable services in forty-three states with efforts underway in various states to extend insurance coverage for this service. The PRS workforce offers the potential to increase access to recovery-oriented services for individuals with behavioral health and substance use conditions and their carers (Cronise et al. 2016, Myrick et al., 2016; Fortuna et al., 2022).

- Collaborative Care Model

Collaborative care is a well-established and well-defined model (CoCM) introduced more than 20 years ago to optimize the care of individuals with behavioral health conditions by integrating behavioral health treatment into primary care. Collaborative care is a multicomponent, healthcare system-level intervention that uses case management support in the primary care setting to link primary care providers, patients, and behavioral health care providers (psychiatrists, psychologists, and social workers) (Thoata et al., 2012). Behavioral health care providers consult with primary care providers to provide decision support, develop a structured management plan that includes psychosocial intervention and medication management, and schedule patient follow-ups.

A large body of evidence supports that CoCM results in improved clinical care outcomes (quality of life, functioning, patient reported outcomes, processes of care) for individuals experiencing depression and anxiety and improves patient satisfaction (Archer et al., 2012; Carron et al., 2021). Reimbursement challenges have limited implementation efforts of this evidence-supported practice. In recent years, Medicare and other payers have activated CoCM-specific codes with the primary aim of facilitating financial sustainability; early health system experience with these billing codes shows that successful utilization of these billing codes is viable (Carlo et al., 2019).

- Crisis Response Services

A comprehensive crisis system is a key component of a quality behavioral health care system and effective suicide prevention. Our current approach to urgent and emergent behavioral health crises relies on law enforcement, jails, and hospital emergency departments and is inherently ineffective. An appropriately resourced system of crisis response for behavioral health emergencies consists of immediate access to a coordinated, effective, and integrated system of behavioral health and suicide prevention crisis services including local crisis call centers, mobile crisis outreach teams, crisis stabilization centers, and post-crisis community-based support (AFSP et al., 2021). Multiple efforts are underway to expand Maryland's behavioral health crisis response capacity, infrastructure, and continuum of crisis care.

Crisis call centers are the hub of an integrated crisis response system which also includes access to mobile crisis teams and crisis stabilization centers. Crisis line services such as the National Suicide Prevention Lifeline (NSPL) and the Veteran's Crisis Line have established effectiveness. Hotline workers successfully de-escalate more than 90% of crisis calls to the NSPL thus averting costly, highly restrictive responses from law enforcement and emergency medical services (Gould et al., NSPL, 2018). High-risk callers to the NSPL report that this intervention stopped them from taking their lives (79.6%) and kept them safe (90.6%) (Gould et al., 2017). Two-thirds of suicidal chatters reported that the chat had been helpful, while almost half reported being less suicidal by the end of the chat (Gould et al., 2021); a reduction in suicidality in nearly 50% of chatters accomplished in a single session is a highly effective service provided at much lower cost than more restrictive interventions.

The NSPL received over 2.6 million calls, chats, and texts in 2020. Starting on July 16, 2022, a three-digit number, 988, will replace the Lifeline's current ten-digit phone number. The introduction of the 988 number and campaigns to increase public awareness about 988 will substantially increase the call, chat, and text volume to call centers (Vibrant Emotional Health, 2021). Maryland's local Lifeline crisis centers have relied on funding from federal and local contributors to operate and meet growing community crisis needs. However, the current contributions are not sustainable as the sole funding mechanism for crisis response services.

Just as health insurance provides coverage and reimbursement for emergency medical services, Medicaid and other health insurers can be required to reimburse for the continuum of emergency behavioral health services, which includes crisis call center/hotline services, mobile team crisis services, and crisis stabilization stays. Authorizing crisis care providers to bill insurance companies using CPTs (Current Procedural Terminology) for these services will supplement the needed funding for a comprehensive behavioral health crisis response system and sustain the delivery of services.

AFSP urges support for HB 935 to bring evidence-based practices, outcomes-driven interventions, and a rational and sustainable system of funding for Maryland's behavioral health system. The modernization of Maryland's behavioral health care system will promote the resilience and well-being of Marylanders; prevent, assess, and treat behavioral health and substance use disorders with best practices; and support persons in recovery from these conditions along with their families and communities.

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