



March 9, 2022

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

*HB 935 - 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 HB 935 - 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 HB 935.**

***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>.