

SB 362_Maryland Coalition of Families_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV



SB 362 - Certified Community Behavioral Health Clinics – Established

Committee: Senate Finance

Date: February 14, 2023

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

MCF strongly supports SB 362.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCS).

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports.

CCBHCS must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

CCBHCS would go some way to improving the continuum of care for children and adolescents with mental health needs. For children with the most intensive challenges, high-fidelity wraparound, as should be provided in the 1915(i), would address much of their need (see SB 255 which would improve the 1915(i) program). But most children do not rise to this level of care. To keep them from needing more intensive services, CCBHCS are the answer. CCBHC's can intervene immediately when a child begins to develop mental health challenges. They

can offer rapid appointments to prevent kids from going into crisis. They can provide 24/7 crisis services, to keep children out of emergency departments. They can provide coordinated care, including therapy, medication management, and family treatment – all on the same day - making it dramatically easier for families to access the care they need. They can provide services in schools, where children spend much of their time, also making it easier for families to access care.

The mental health of youth has dramatically worsened in the wake of the COVID pandemic. The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association joined together to declare a National State of Emergency in Children’s Mental Health. CCBHCs would go a long way to addressing this crisis.

Therefore we urge you to pass SB 362.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

Testimony SB 362 CCBHC.pdf

Uploaded by: Barbara Allen

Position: FAV



8325 Fall Chill Court
Ellicott City, MD 21043
office 410.480.2334

jamesplaceinc.org

committed to bringing support to those battling addiction

February 13, 2023

Senate Bill 362 Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

February 14, 2023

TESTIMONY IN SUPPORT

Greetings, I'm Barbara Allen, Executive Director of James' Place Inc. a nonprofit that supports those needing recovery supports for substance use and mental health disorders. I do this work in memory of my son, Jim, brothers Bill and Tom and niece, Amanda, who lost their lives to co-occurring substance and mental health disorders. Through my advocacy work for James' Place Inc. I've met thousands of folks working towards recovery as well as thousands of family members who have buried their loved ones.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCS).

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCS must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.



shatterthestigma.com

bringing truths, facts and a voice to the debilitating disease of addiction

Since the deaths of my loved ones I've learned so much about what might have enhanced, prolonged and perhaps saved their lives. I watched them spiral in and out of various types of care with no continuity, no referrals when unknown issues arose including unresolved trauma. When I learned about CCBHCs, I knew this must be the next level of hope for those who suffer and those like myself who would prefer to grow old with our loved ones.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, I, along with James' Place Inc. urge this committee to pass SB 362.**

In gratitude,

A handwritten signature in black ink that reads "Barbara L. Lalla". The signature is written in a cursive style with a long, sweeping underline.

Executive Director

***James' Place Inc. is a 501(c)3 non-profit organization.
All donations are tax-deductible to the extent allowed by law.***

SB0362 Cornerstone Montgomery.pdf

Uploaded by: Cari Guthrie

Position: FAV



Senate Bill 362 Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

February 14, 2023

TESTIMONY IN SUPPORT

Good Afternoon Chairwoman Griffith, Vice Chair Klausmeier and members of the committee. My name is Cari Guthrie and I am the President and CEO of Cornerstone Montgomery. We have been meeting the behavioral health needs of Montgomery County for over 50 years, and with a staff of 350 and the capacity to serve up to 3,000 individuals each year, Cornerstone Montgomery is the largest service provider in Montgomery County. In the next two months we will be merging with Southern Maryland Community Network adding 500 clients, 80 staff, \$6.4 million dollars in revenue, and expanding to Calvert, Charles, and St. Mary's Counties.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs). With our merger, this has the potential for even greater impact on the public behavioral health system and the people we serve.

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

In 2019, Cornerstone Montgomery became one of the first CCBHCs in the State with the expansion grants from SAMHSA. Since becoming a CCBHC, Cornerstone Montgomery has added 1098 clients to our programs with 53% of these being Outpatient Mental Health Clinic participants. We have received a total of three SAMHSA CCBHC expansion grants and have positioned ourselves for long term sustainability if the state moves forward and supports this model.

The COVID19 pandemic and aftermath highlighted the increasing need for mental health services for children and adolescents and Cornerstone Montgomery used CCBHC grant money

to expand our Outpatient Mental Health Clinic to serve children 12 and older, with plans to further expand to serve ages 5 and older. Though a still relatively new expansion in our OMHC, we have received 23 referrals many directly from the school system - and 5 more are scheduled for intake over the next few weeks.

We were able to add a second Assertive Community Treatment (ACT) team and bring in over 100 new clients to the program, doubling our capacity to serve some of the most challenging to treat clients - many of whom are repeat admissions to emergency departments, hospitals and jail. By expanding these services we have seen both emergency department visits and hospitalizations trending downward, with emergency department visits decreasing at a rate of nearly **five times** faster than hospitalizations. To provide specifics, across all of Cornerstone Montgomery programs, hospitalizations were down between 28 and 36% each year and Emergency Department visits were down 20% in 2019, 30% in 2020 and 59% in 2021 - saving the State millions of dollars in unnecessary visits and admissions. The reduction of emergency and hospital visits in our ACT program alone saved the state over **\$2 million**.

One of the most common frustrations with seeking treatment for a mental health or substance use condition is the wait time for an intake and first appointment. As a CCBHC, Cornerstone Montgomery has been able to implement **same day access** so that a person seeking treatment can be evaluated and complete an intake assessment within 24-hours of first contact.

Research shows that adults with serious mental health disorders die on average 20 years earlier than adults without a mental illness. This is due in part to an inability to effectively manage their physical health due to symptoms of their mental health, and also to an inability to effectively communicate their needs to a primary care doctor, or their symptoms being attributed to their mental illness. As a CCBHC, Cornerstone Montgomery was able to add CNAs and LPNs to our programs and have seen success in helping clients bridge some of the treatment gaps. Over the last 4 years, nearly **400 Cornerstone Montgomery residential clients received services from a CNA or LPN** with 74% receiving one to five services, 13% receiving six to ten, and 24% receiving eleven or more services. Services provided include hands-on support with personal hygiene, nutrition, and medical follow up recommendations from doctors. We believe that this has had a significant impact upon the hospitalizations and ED visits. Additionally, we have implemented a Smoke Free policy and are able to provide smoking cessation materials and support to clients as part of the CCBHC grant. Through these supports, 8 chronic smokers have reported quitting 100% with many more reporting a reduction in the amount they smoke. In addition, Cornerstone Montgomery will be partnering with Johns Hopkins to implement evidence based smoking cessation treatments for smokers with serious mental illness. The Johns Hopkins Alacrity Center for Health and Longevity in Mental Illness is leading IMPACT - a 12-month research project. Alacrity trained our providers in evidence-based smoking cessation treatments to deliver to clients that smoke in the mental health outpatient clinic setting. Smoking cessation treatment involves behavioral counseling and pharmacotherapy.

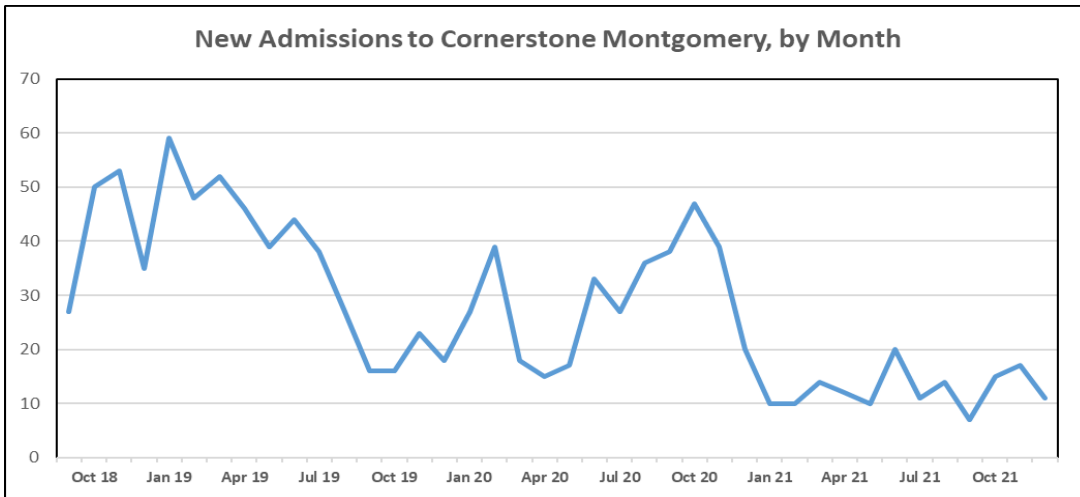
Montgomery County is a diverse County where many languages are spoken. Cornerstone Montgomery is committed to serving all members of our community and in 2019, was able to implement an on-demand video translation program. Our annual translation usage by minute has increased exponentially - in 2019, we used 904 minutes of translation services, 1,482 minutes in 2020 and in 2021 we used 14,419 minutes and in 2022 we used nearly 25,000 minutes. In our first three years, we served 45 clients who speak 21 different languages. Languages most commonly used since 2019 include American Sign Language, Amharic, Russian, Arabic and Cantonese. Our full CCBHC metric outcome reports are included to show our data and we know that these numbers will continue to improve.

Nationally, CCBHC's are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment (MAT), the "gold standard" in substance use care. Many of the individuals Cornerstone Montgomery serves are dually diagnosed with mental health and substance use disorders. Cornerstone Montgomery currently provides MAT and prescribes Suboxone and other substance use medications. While we do not prescribe Methadone, we do work with clients in active Methadone treatment. Cornerstone Montgomery is committed to treating both illnesses concurrently and in addition to our Integrated Treatment for Co-Occurring Disorders program, we plan to add Substance Use Disorder services and obtain our Substance Use Disorder certification this year to expand the number of individuals eligible for our services.

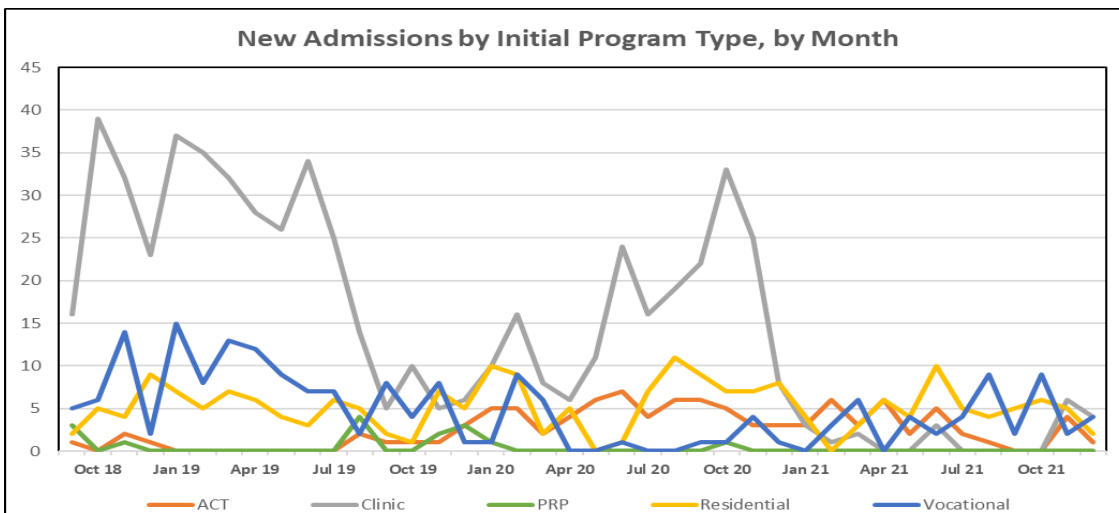
Being a CCBHC has benefited not only Cornerstone Montgomery as an agency, but Montgomery County as a community. We have been able to expand services and implement new programs to better serve the growing needs of our community. This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Cornerstone Montgomery strongly urges this committee to pass SB 362.**

Cornerstone Montgomery CCBHC Outcomes Report 9/2018 – 12/2021

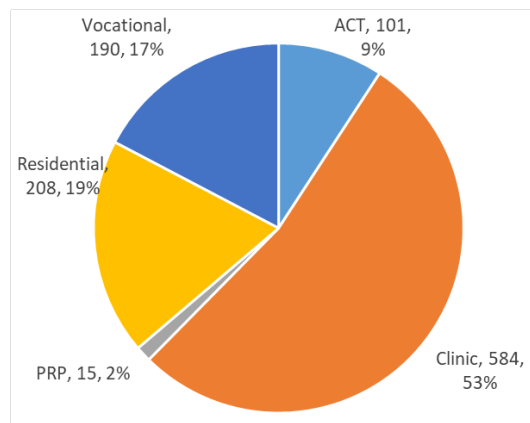
This represents new client admissions to Cornerstone Montgomery, by month, from September 2018 through December 2021. **Over this time period, Cornerstone Montgomery has had 1098 new clients join our programs.** The three lower periods last from September thru December 2019, then March thru May 2020, and finally January 2021 onward.



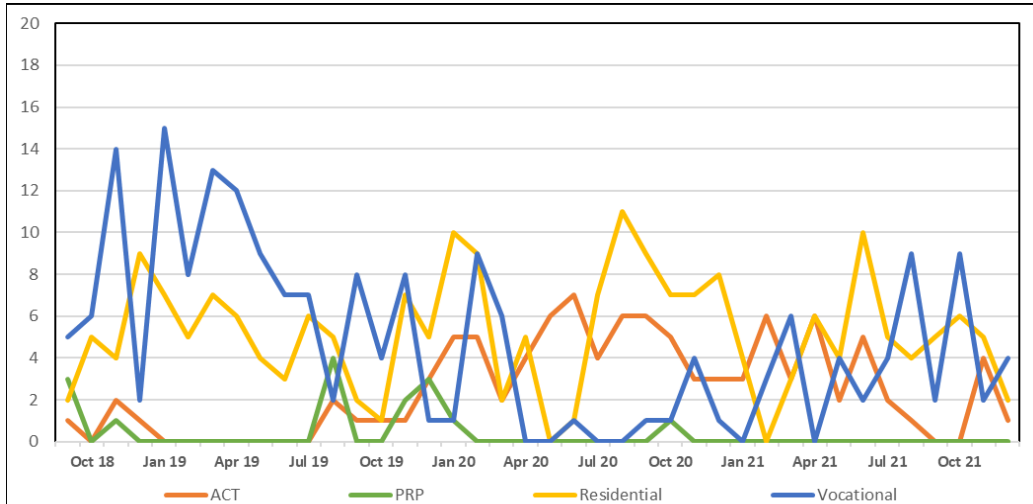
Below, new client admissions are separate by their initial program type.



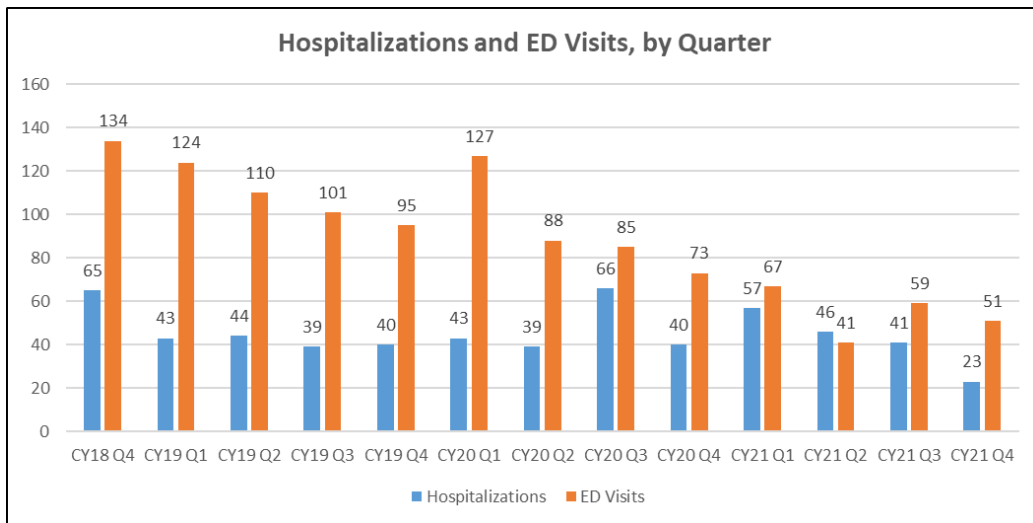
The Clinic makes up 53% of new client admissions, and consequentially have the largest impact on the overall admission graph above.



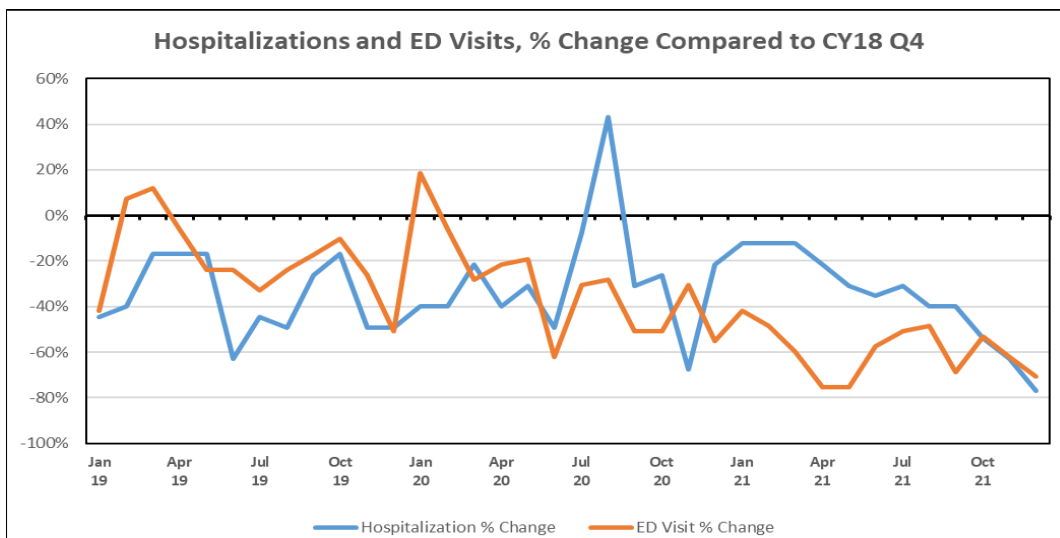
Removing the Clinic admissions from the graph lets us see the others in more detail.
Over the time period, ACT represents 9% of admissions, PRP 1%, Residential 19%, and Vocational 17%.



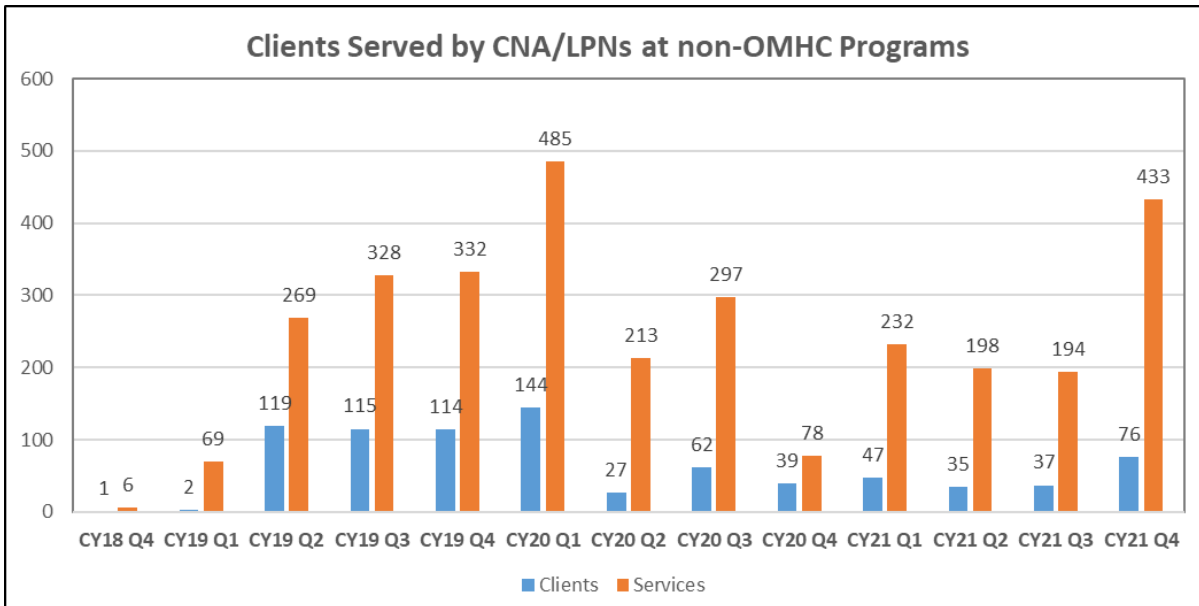
Looking at Hospitalizations and ED visits, both are trending downward over the reporting period, **though ED usage is decreasing over 5 times as rapidly as Hospitalizations.**



Averaging the last three months of 2018, we can look at how the next three years compared. **Hospitalizations were down between 28% and 36% each year. Emergency Department visits were down 20% in 2019, 30% in 2020, and down 59% in 2021.**

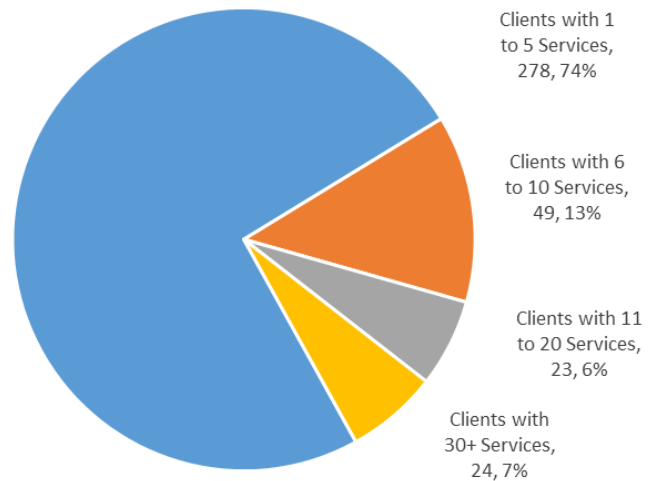


Here we can see the number of clients receiving services from a CNA or LPN at a non- Clinic program, against the total number of services for each quarter. The dip in CY20 was due to staffing issues related to COVID and in CY21 we added more CNA's in the second SAMHSA grant.



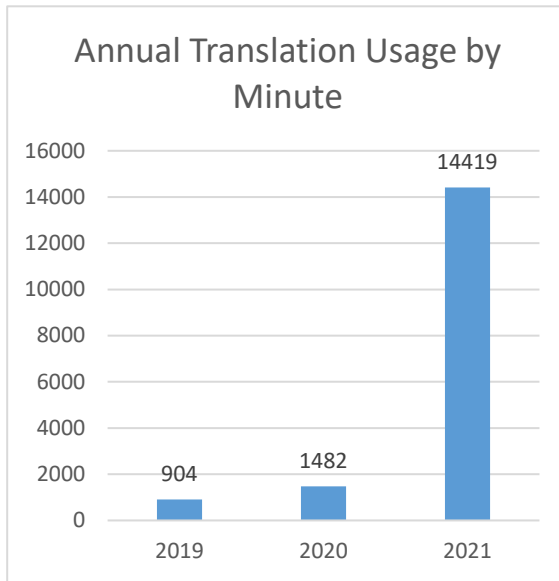
There have been 371 clients who've received a service from a CNA or LPN outside of the clinic in this period.

The majority of clients (74%) receive one to five services, then 13% receive six to ten services, and an equal amount receive eleven or more services.

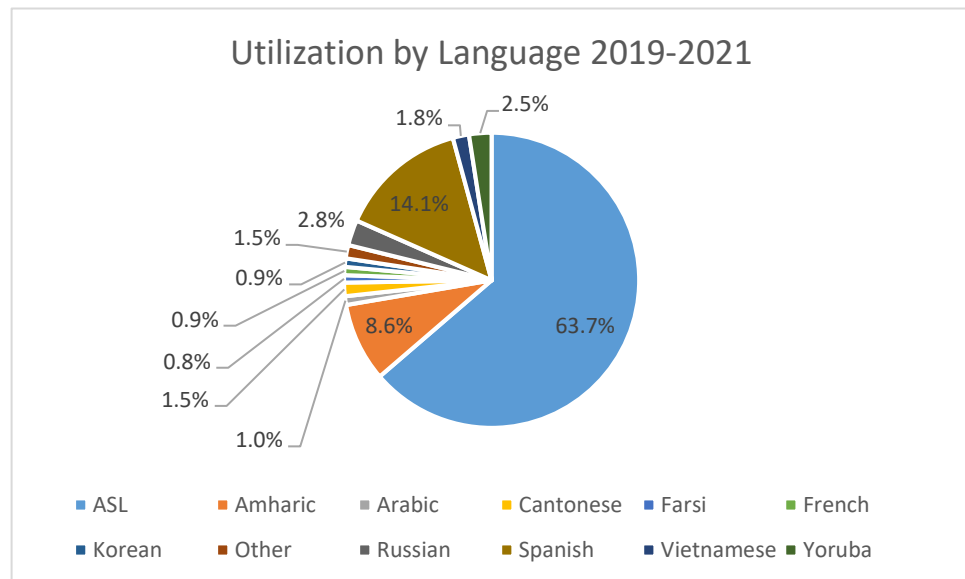


Cornerstone Montgomery CCBHC Outcomes Report 2019 - 2021

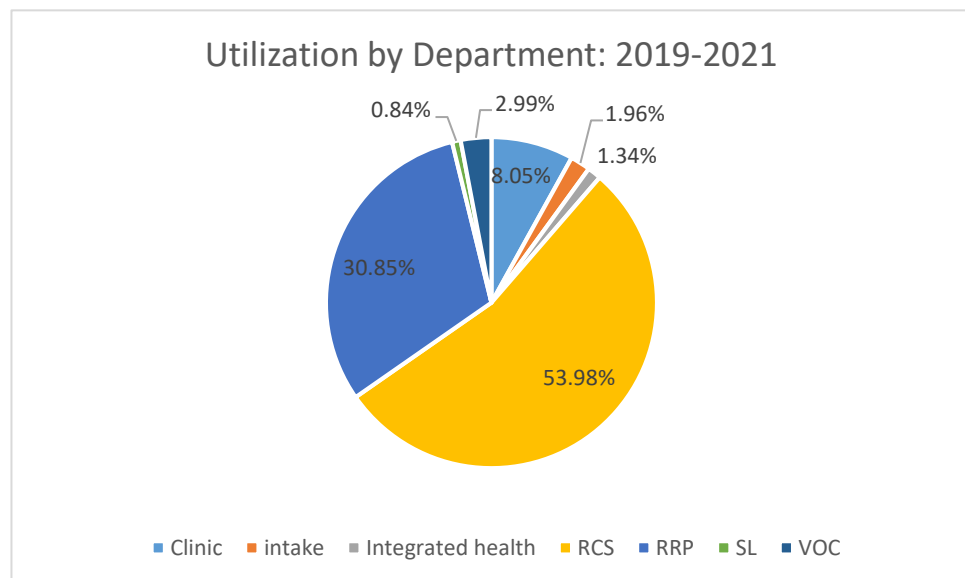
Languages Used	
1	Amharic
2	Arabic
3	Bengali
4	Cantonese
5	Farsi
6	Indonesian (Bahasa Indonesia)
7	Korean
8	Laotian
9	Malay
10	Malayalam
11	Mandarin
12	Russian
13	Spanish
14	Tibetan
15	Tigrinya
16	Vietnamese
17	ASL
18	Burmese
19	French
20	Serbian
21	Yoruba



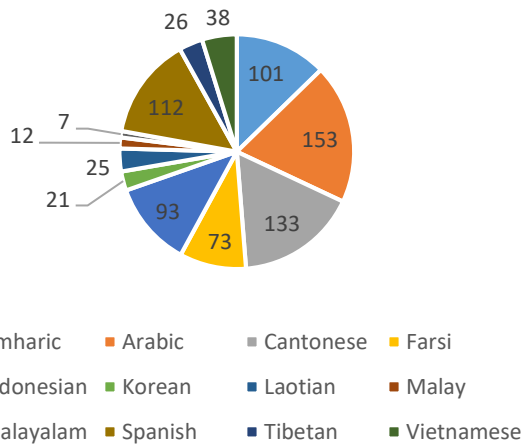
- We've served 45 unique clients since the start of the program.
- We have provided 267 hours and 13 minutes of translation, 240 hours of which were in 2021.
- Early utilization was primarily to assist existing ESL consumers but has grown rapidly to include groups we hadn't previously been able to serve, most prominently the ASL speaking community.



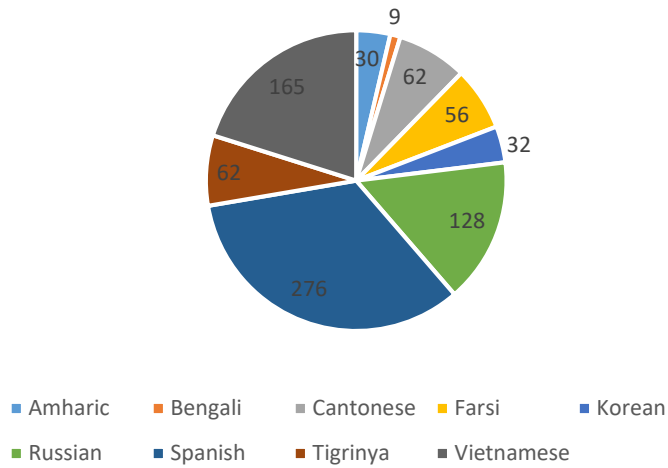
Minutes of Translation 2019-2021	
ASL	10212
Amharic	1383
Arabic	153
Cantonese	237
Farsi	129
French	144
Korean	149
Russian	447
Spanish	2267
Vietnamese	284
Yoruba	394
Other	234
Total	16033



Utilization by Language in Minutes: 2019

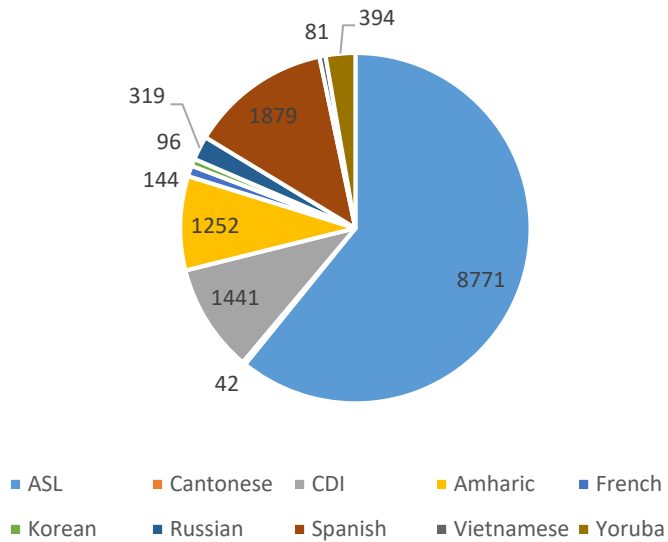


Utilization by Language in Minutes: 2020



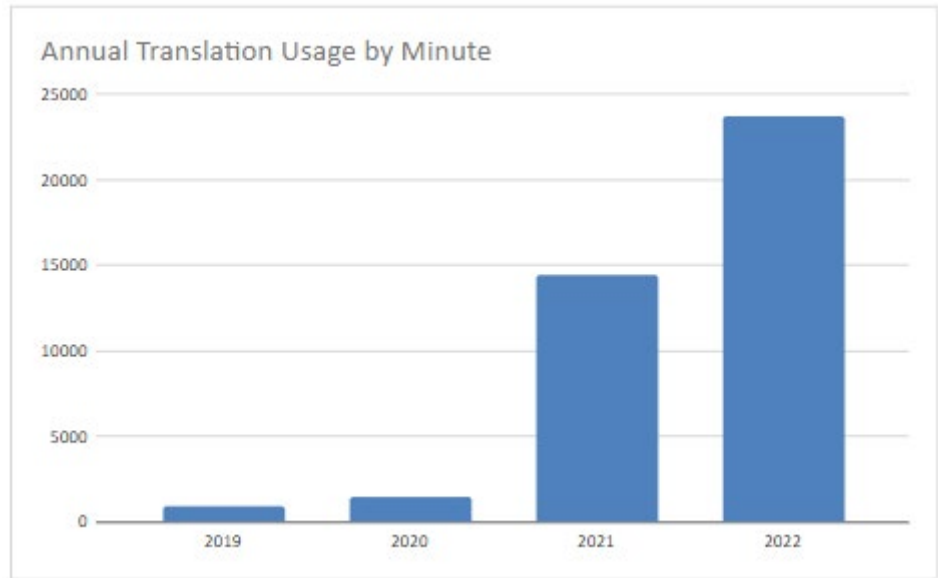
Minutes of Spanish Translation Provided	
2021	1879
2020	276
2019	112

Utilization by Language in Minutes: 2021

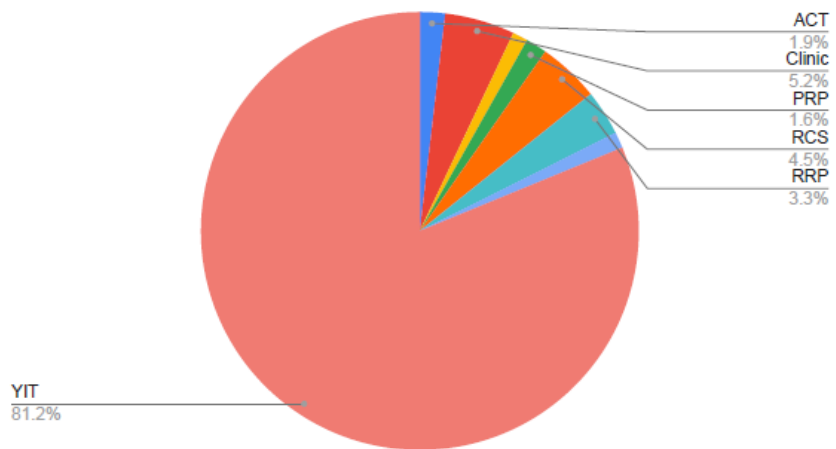


Cornerstone Montgomery CCBHC Outcomes Report: 2022

Languages Used Since 2019
Amharic
Arabic
ASL
Bengali
Burmese
Cambodian
Cantonese
Farsi
French
Indonesian
Korean
Laotian
Malay
Malayalam
Mandarin
Punjabi
Russian
Serbian
Spanish
Tibetan
Tigrinya
Vietnamese
Yoruba

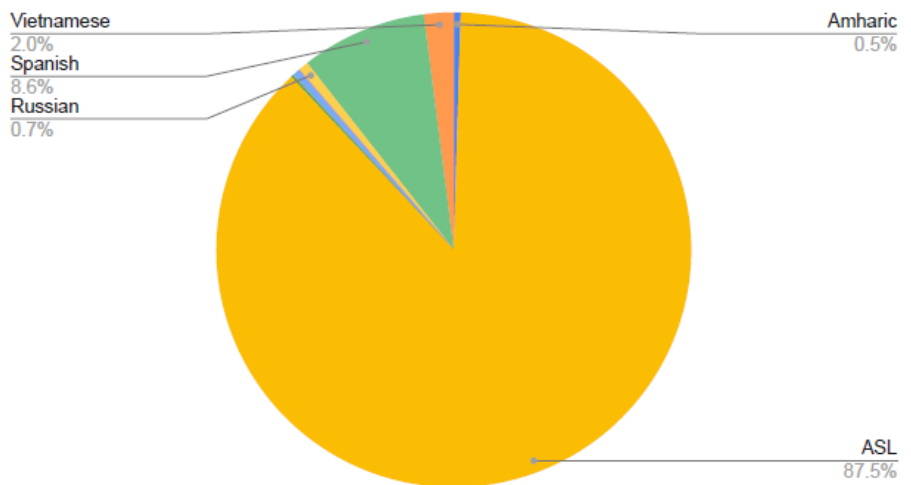


Minutes by Department



Languages Used in 2022
Amharic
Arabic
ASL
Bengali
Cambodian
French
Korean
Punjabi
Russian
Spanish
Vietnamese

Minutes Used in 2022



MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



Montgomery County Federation of Families for Children's Mental Health, Inc.
Colesville Professional Center
13321 New Hampshire Avenue, Terrace B
Silver Spring, MD 20904
301-879-5200 (phone number) 301-879-0012 (fax number)
info@mcfof.org (email) www.mcfof.org (website)

Senate Bill 362 Certified Community Behavioral Health Clinics – Established
Senate Finance Committee
February 14, 2023
TESTIMONY IN 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, advocacy, and recovery coaching to help 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 Senate Bill 362 Certified Community Behavioral Health Clinics – Established. This bill requires, on or before December 1, 2023, the Maryland Department of Health to submit a State plan amendment to the Centers for Medicare and Medicaid Services to establish certified community behavioral health clinics; requiring, if the Centers for Medicare and Medicaid Services approves the amendment, the Department to amend the State plan to cover certain services; and requiring the Department to establish certain payment systems.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

CCBHCs are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Maryland Families who have children and/or youth with mental health, substance use, or co-occurring disorders from diverse cultural, racial, ethnic, social-economic, and religious backgrounds need access to CCHBCs. There is a severe youth mental health crisis in Maryland. Youth suicides and overdoses have increased. There is an increasing number of youth emergency room visits for mental health. Many young people have spent weeks or months living in emergency departments and other areas of hospitals. Families face long wait lists for specific behavioral health services and are unable to access others. There are barriers stemming from discriminatory

insurance coverage for those with mental health and substance use disorders. Racial and ethnic minority groups have experienced disparities in mental health and substance use related to access to care, psychosocial stress, and social determinants of health.

Families deserve high-quality healthcare, regardless of their situation, including the ability to pay. CCBHCs are an important path forward to provide better access to care for the most vulnerable in our communities. CCBHCs provide a seamless, high-quality whole-person care for individuals with mild/moderate and moderate/severe behavioral health needs. They are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth. CCBHCs help people improve their health by making it easier to get into treatment. They keep people from going into the hospital when they do not need hospital care. The CCBHC model requires crisis services that are available 24 hours a day, 7 days a week. They also must provide care coordination, the linchpin of CCBHCs, to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved.

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 SB 362.**

SB0362-MedChi, MDAAP, MdCSWC-FAV

Uploaded by: Christine Krone

Position: FAV



The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Guy Guzzone

FROM: Christine K. Krone
Pamela Metz Kasemeyer
Steven Wise
Danna Kauffman
Andrew G. Vetter
410-244-7000

DATE: February 14, 2023

RE: **SUPPORT** – Senate Bill 362 – *Certified Community Behavioral Health Clinics – Established*

On behalf of the Maryland State Medical Society (MedChi), Maryland Chapter of the American Academy of Pediatrics (MDAAP), and the Maryland Clinical Social Work Coalition (MdCSWC), we submit this letter of **support** for Senate Bill 362.

Senate Bill 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland’s network of Certified Community Behavioral Health Clinics (CCBHCS). CCBHCS are federally designated, proven models that provide a comprehensive range of services, and connection to other systems and supports. CCBHCS must provide nine core services, including (1) targeted case management, (2) somatic screening, (3) veterans’ services, (4) 24/7 crisis intervention, (5) peer support, (6) psych rehab, (7) screening, diagnosis, and assessment, (8) treatment planning, and (9) outpatient mental health and substance use treatment. They are based on the federally qualified health center (FQHC) model, providing services to the underserved.

MedChi, MDAAP, and MdCSWC recognize nationwide the successes of CCBHCS:

- CCBHCS are serving millions and providing thousands of new clients with needed care.
- The CCBHC model is helping address health disparities, enabling clinics to improve access to care for underserved communities.

- CCBHCs deliver lifesaving crisis support services in their communities, which helps divert people in crisis from hospitals, emergency departments, and jails.
- CCBHCs and grantees are addressing the nation's opioid crisis by dramatically expanding access to medication-assisted treatment.
- The CCBHC model is alleviating the impact of the community-based mental health and substance use treatment workforce shortage by enabling clinics to increase hiring.¹

For these reasons, we urge a **favorable** report.

¹ NATIONAL COUNCIL FOR MENTAL WELLBEING. (2022, October 26). Certified Community Behavioral Health Clinics Tackle Mental Health, Substance Use Crises with Expanded Access to Care. <https://www.prnewswire.com/news-releases/certified-community-behavioral-health-clinics-tackle-mental-health-substance-use-crises-with-expanded-access-to-care-301660325.html>

SB0362 CCBHC Program.pdf

Uploaded by: Dan Martin

Position: FAV

Senate Bill 362 Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

February 14, 2023

TESTIMONY IN SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 362.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

CCBHCs are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Maryland currently has very limited CCBHC coverage, with a few programs funded by federal grants they applied for directly. These programs, however, are seeing similarly positive results. For example, Sheppard Pratt's CCBHC program has reduced hospital stays by nearly 50% and reduced the average per client emergency room visit cost by 80%. The Cornerstone Montgomery CCBHC program has decreased hospitalizations between 28% and 36% in each of the past three years, and emergency department visits were down 20% in 2019, 30% in 2020, and 59% in 2021. Unfortunately, grant funding for these programs is time limited. The establishment of a state CCBHC program pursuant to SB 362 is necessary to maintain this momentum and build upon this success.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, MHAMD supports SB 362 and urges a favorable report.**

For more information, contact Dan Martin at (410) 978-8865

SB 362_CCBHCs - BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 14, 2023

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB362 – Certified Community Behavioral Health Clinics – Established

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 SB 362 – Certified Community Behavioral Health Clinics – Established. SB 362 will increase access to comprehensive behavioral health care by expanding Maryland’s network of Certified Community Behavioral Health Clinics (CCBHCS). Expanding the CCBHC network will increase access to high quality behavioral health care at a time when the state needs more behavioral health capacity than ever.

CCBHCS are federally designated clinics that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCS must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

We have seen similar success in the Baltimore area Sheppard Pratt CCBHC demonstration projects. These programs have reduced the average time spent in the hospital by program participants by half and cut related hospital costs by over 80%. They also provide a wider array of services than most outpatient behavioral health programs.

The CCBHC model has shown that it can improve care, increase access, and lower state health care costs. It should expand beyond the current demonstration phase and be incorporated into the state’s Medicaid program. **We urge a favorable report on SB 362.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

SB 362 Support.docx.pdf

Uploaded by: Dawn Luedtke

Position: FAV



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

DAWN LUEDTKE
COUNCILMEMBER
DISTRICT 7

February 10, 2023

The Honorable Senator Melony Griffith
Miller Senate Office Building, 3 East Wing
11 Bladen Street
Annapolis, Maryland 21401

SUBJECT: Support SB 362

Dear Chairwoman Griffith and Members of the Finance Committee,

I write in support of SB 362, authorizing the Maryland Department of Health to seek an amendment to the State plan to allow for reimbursement for services at established certified community behavioral health clinics.

The demands for mental and behavioral health care have risen dramatically while access to services has remained stagnant. The language of SB 362 prioritizes person-centered care, overall preventative medical care, and targeted case management, among other critically-needed services. The community behavioral health clinic model and the mandatory crisis services associated with the model will assist with delivering desperately-needed services in a prompt, coordinated fashion meeting individuals where they are and when they need the services.

As of this year, Montgomery County has a total of 187 licensed acute psychiatric beds in its hospitals with a population of more than one million people. Although the capacity for acute care has more than doubled since 2019, we still cannot accommodate everyone who needs care. For example, in 2019 there were only 70 acute psychiatric beds with 19,673 patient days of usage. We need greater flexibility to get people into care before they reach crisis level and to reduce reliance upon acute care facilities for long-term treatment.

The need is urgent. While I appreciate that Maryland will be subject to the approval of the Centers for Medicare and Medicaid Services prior to implementation of these community-based clinics, we must act swiftly and fully engage our federal partners in bringing this to bear for our residents.

Sincerely,

100 MARYLAND AVENUE • ROCKVILLE, MARYLAND 20850
240-777-7860 • Councilmember.Luedtke@montgomerycountymd.gov
www.montgomerycountymd.gov

A handwritten signature in black ink, appearing to read "Dawn Luedtke". The signature is fluid and cursive, with a large initial "D" and "L".

Dawn Luedtke,
Councilmember, District 7
Montgomery County

SB0362 CCBHC TCG 2023.pdf

Uploaded by: Elizabeth Garcia

Position: FAV



Senate Bill 362 Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

February 14, 2023

TESTIMONY IN SUPPORT

The Children's Guild is a nonprofit organization providing clinical and educational services to children and families in the Greater Baltimore and Washington region. We are among the most experienced child-serving organizations. Each year, the agency's continuum of care and hundreds of professional staff help thousands of youth, young adults, and their families excel and succeed. We operate public charter and contract schools; special education schools; schools for autism; preschool; outpatient mental health services in public schools and at our center; treatment foster care; apprenticeships, and pre-career programs.

I am writing to express that The Children's Guild strongly supports the passing of SB 362. This legislation will increase access to comprehensive community-based mental health and substance use care by expanding Maryland's Certified Community Behavioral Health Clinics (CCBHCs) network.

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

As the Chief People Officer, I oversee the mental health services provided within The Children's Guild. Therefore I have seen the devastating consequences of not having coordinated mental health care available to children and their families throughout the state. Providing the framework and funding to serve the whole child in collaboration is the solution for helping to end our current mental health crisis.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis.

For these reasons, The Children's Guild, urges this committee to pass SB 362.

Thank you,



Elizabeth W. Garcia, MSSA, MNO, LCSW-C
Chief People Officer
The Children's Guild

Sheppard Pratt written testimony SB 362 Certified

Uploaded by: Jeffrey Grossi

Position: FAV



Sheppard Pratt

Written Testimony

Senate Finance Committee

SB 362 Certified Community Behavioral Health Clinics – Established

February 9, 2023

Position: SUPPORT

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt **support of SB 362 Certified Community Behavioral Health Clinics – Established**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

Sheppard Pratt supports the submission of a State Plan Amendment to CMS to establish Certified Community Behavioral Health Centers (CCBHCs), in accordance with section 223 of the Federal Protecting Access to Medicare Act of 2014.

Outpatient mental health clinics across Maryland have forever struggled to cover their costs to provide effective mental health and addiction services to vulnerable and frequently low-income children and adults. CCBHCs have now been approved in six states through state plan amendments with another five states approved through a federal CCBHC Medicaid demonstration program. Simply put, Maryland is falling behind nationally. These states have shown adherence to a strict set of mental health and addiction services, quality measures, and expanded access to care for their communities. In exchange for adherence to certification rules that hold providers accountable for evidence-base coordinated treatment and programs, CCBHCs receive a bundled payment rate that covers the cost of services.

At Sheppard Pratt, we are now operating a third CCBHC SAMHSA-funded grant in the Baltimore region. As a CCBHC, we are required to serve everyone who walks in the door regardless of insurance or diagnosis, meet timelines for initial appointments, and respond to clients in crisis. Our CCBHC provides nurse care coordination to ensure clients with diabetes and hypertension are followed by primary care. We have case managers to ensure clients are connected to benefits, food, utilities, and transportation. Our CCBHC clients with serious mental illnesses, like schizophrenia, receive required CCBHC services such as clinical assessments, medication, therapy, crisis intervention, health education, peer support, psychiatric rehabilitation, primary care health screening and monitoring, and substance abuse treatment including treatment for opioid use disorder. We provide mental health care for veterans. We have formal partnerships with community organizations to provide primary care, mobile crisis, and targeted case management. At our Baltimore City location, we offer walk-in same day services, and we are working to grow connections and referrals from the criminal justice system. The services provided at CCBHCs cover the entire person.



Sheppard Pratt

With the CCBHC grant we have been able to hire staff who we would never have been hired without the additional funding. These staff include nurses, case managers, additional evening psychiatric providers, peers, and a patient engagement specialist who tracks down patients who have disengaged with treatment.

A year ago, during the legislative session, a CCBHC expansion bill was not passed largely due to the significant fiscal note attached. We believe that fiscal note needs analysis and transparency. The CCBHC funding model is intended to replace the current Medicaid fee-for-service system of payment, not be added to the current Medicaid fee for service payment system. Our data, although limited to the three grants, coupled with national data show actual hospitalization costs drop when providing CCBHC services with a bundled rate. By providing high quality and "high touch" services, CCBHCs can be part of the solution to reduce overall expensive Medicaid hospitalization costs.

Sheppard Pratt ran a small sample study of our CCBHC clients who were identified as "high users of emergency departments". Our goal was to look at hospitalization use and cost before and after the clients were enrolled in our CCBHC. All data were extracted from Maryland's CRISP database on 26 enrolled clients. Prior to CCBHC enrollment, the range of hospitalization days ranged from 1 to 90 days with a 4.9 mean number of days in the hospital. After six months of CCBHC services, the range of days hospitalized dropped to between 1 and 13 days and the mean number of days hospitalized decreased to 2.09 days. Significantly, the average cost for the total visits per patient decreased from \$36,387.43 to \$6,421.59.

The data nationally is a telling story for the success of CCBHCs:

- New York saw a 55 percent drop in all-cause hospital readmissions after one year. Overall behavioral health inpatient services in NY show a 20 percent decrease in monthly costs, and behavioral health emergency department costs decreased 26 percent.
- In Oklahoma, inpatient hospitalizations among adults at any psychiatric hospital was reduced by 93.1 percent. The decreases in hospitalizations from 2016 to 2021 produced a \$62 million dollar cost savings.
- Missouri saw hospitalizations drop 20 percent after three years, and emergency department visits dropped 16 percent. The state saw \$15.4 million dollars in savings which equated to \$483.67 savings per CCBHC client.

We encourage Maryland to pursue a State Plan Amendment and to allow Maryland to provide high quality, comprehensive care, and to track outcome and cost data on overall hospitalization and incarceration costs for individuals with mental health and substance abuse disorders. Marylanders (both adults and children) with mental health and substance use concerns and our behavioral health workforce deserve an effective, adequately funded model of care that has been proven to be cost effective around the country.

Sheppard Pratt urges you to vote a favorable report on **SB 362 Certified Community Behavioral Health Clinics – Established.**



Sheppard Pratt

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

SB0362_HorizonFoundation_FAV.pdf

Uploaded by: Kerry Darragh

Position: FAV



BOARD OF TRUSTEES

February 14, 2023

Lisa Pearson
Chair

Nikki Highsmith Vernick
President & CEO

Christopher Fortune
Vice Chair

Mark Cissel
Treasurer

Gopi Suri
Secretary

Jonathan Ahn

Yvonne Commodore-
Mensah

Juliet Gilliam

Catherine Hamel

Brian Hepburn

Sharon Hoover

Stacie Hunt

Tracy Miller

Sekou Murphy

Yvette Rooks

Celian Valero-Colon

David Wolf

Lanlan Xu

COMMITTEE: Senate Finance Committee

BILL: SB 362 – Certified Community Behavioral Health Clinics –
Established

POSITION: Support

The Horizon Foundation is Howard County's community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

The Foundation is pleased to support SB 362 – Certified Community Behavioral Health Clinics – Established.

SB 362 requires the Maryland Department of Health to pursue the establishment of Certified Community Behavioral Health Clinics (CCBHCS) through a federal application process. CCBHCS are nonprofits with a special federal designation, similar to federally qualified health centers (FQHC). CCBHCS provide a comprehensive range of outpatient mental health and substance use treatment and care coordination, regardless of one's insurance status or ability to pay.

CCBHCS must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher hospital engagement post-discharge, improved use of medication assisted treatment for opioid use disorder, and improved physical care integration.

Mental health is a top priority for the Horizon Foundation. Together with our many community partners and grantees, we have raised awareness through our Mental Health Film Festival, reached thousands of community members with our Emotional Support Human campaign, and helped the Howard County Public School System enhance its mental health supports – a program that is expanding to every public school in the County.

We have also worked to increase access to mental health crisis services through our work with the Greater Baltimore Regional Integrated Crisis Systems (GRBICS), as well as helped support the launch of Sheppard Pratt's new urgent care behavioral health clinic in Elkrige. At the same time, recent data shows that anxiety, depression, and other mental health indicators are on the rise. Adopting the Certified Community Behavioral Health Clinic model is a needed step to ensure our communities are properly served.

SB 362 will dramatically improve and expand access to mental and behavioral health care for Marylanders whose needs might otherwise go unmet. For this reason, the Horizon Foundation **SUPPORTS SB 362** and urges a **FAVORABLE** report.

Thank you for your consideration.

LSC Testimony SB0362.pdf

Uploaded by: Kristine Garlitz

Position: FAV



208 East Main Street
Suite C
Salisbury, MD 21804

Lower Shore Clinic is writing in support of SB0362, Certified Community Behavioral Health Clinics- Established as sponsored by Senators Guzzone, Augustine, and Mautz. Lower Shore Clinic is a safety net provider for persons with severe mental illness, currently serving Dorchester, Wicomico, Worcester, and Somerset counties. The Health Services Cost Review Commission (HSCRC) has identified access to behavioral care Maryland's number one issue and referenced one of the solutions to pursue is the Behavioral Health Integration in the Maryland Primary Care Program (MDPCP).

Lower Shore Clinic strongly believes that the Certified Community Behavioral Health Clinic (CCBHC) model of wraparound services is the most direct way to help persons with mental illness. The gaps in healthcare for persons suffering from a severe and persistent mental illness are significant which lead to our organization providing a wholly integrated model of care with primary care and outpatient behavioral health intertwined with housing, transportation, healthy food, substance use treatment, population health management, employment and vocational services, financial management, day programs for loneliness interventions, crisis stabilization, and flexible funding to remove barriers to care.

Nationally, a mental health crisis has been the focus of the Biden administration, noting as part of the Unity Agenda, that two of five adults report symptoms of anxiety or depression. Black and brown communities are disproportionately undertreated. According to the National Council for Mental Wellbeing, 43% of US adults who say the needed substance use or mental health care in the past 12 months did not receive that care- citing numerous barriers to access. CCBHC requirements seek to improve service availability for all communities, focusing specifically on providing services that are appropriate to the population of the catchment area of a CCBHC. Culturally competent care is even harder to find for those adults seeking care. 61% of US adults feel there are not enough mental health care providers who are trained to address issues specific to race, ethnicity, sexual orientation, or socioeconomic status. CCBHC requirements seek to provide culturally competent, trauma informed, evidence-based care to all members of a community.

Lower Shore Clinic, Inc was awarded a Certified Community Behavioral Health Clinic (CCBHC) Planning, Development, and Implementation grant by SAMHSA on 9/30/2022. The CCBHC model as put forth by SAMHSA offers a full array of services to individuals across the lifespan. These services are meant to improve stability within the community by providing whole person care to individuals with behavioral health issues. These required services include crisis planning, prevention, and response; outpatient and community based mental health, substance use, and primary care; peer, family support and counselor services; case management and psychiatric rehabilitation services.

CCBHC and SAMHSA funding support using evidence-based practices to directly impact healthcare targets. As our work is just beginning in the four-year granting period, we've already been able to see benefits by adding much needed programs to our service line. With grant funding, Lower Shore Clinic has been able to initiate the process of starting a new Assertive Community Treatment team to serve our most critically ill patients- those with severe mental illness, comorbid substance use disorders, homelessness, and complicated medical conditions. Assertive Community Treatment is a multidisciplinary evidence-based team approach that has proven outcomes of reducing hospitalizations,

increasing housing stability, and improving quality of life for people with the most severe symptoms of mental illness, according to Case Western Reserve University. This program will be able to serve 100 individuals at any given time in the Lower Eastern Shore Region of Maryland. Payment rates that allow for coverage for high quality services is a basic step in ensuring delivery of evidence-based practices.

In order to fully meet the needs of a community, all persons must be offered timely, accessible healthcare. CCBHC requirements support offering services across the lifespan in as little as 1 business day in order to serve someone who is currently experiencing a mental health crisis. As the Unity Agenda points out, the COVID pandemic has caused disruptions in routines and relationships, has led to increased social isolation, anxiety, and learning loss. According to the 2020 Certified Community Behavioral Health Clinic report to Congress, the average wait time for an initial appointment is 50 days. However, across CCBHC programs about 70 percent of new CCBHC clients receive an initial evaluation with ten days of their first contact, a vast improvement in service availability.

In many communities, there is a significant lack of affordable transportation, housing, and other services related directly to social determinants of health. According to the American Hospital Association, socioeconomic factors are responsible for about 40 percent of a patient's health. The Healthy People 2030 initiative purports that social determinants of health (SDOH) have a major impact on people's health, well-being and quality of life. These SDOH include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education job opportunities, and income; access to nutritious foods and physical activity opportunities, among others.

Currently, the most common healthcare billing method, fee for service billing, does not support the costs related to service persons with these additional needs. The funding streams available to established CCBHC allow agencies to fully support the social determinants of health that drive many healthcare costs. Currently, as a mission driven project of our agency, we offer housing, money management services, medication management services, and transportation to those members who are enrolled in our system of care. These services would be vastly improved and more available throughout the state with the flexible funding streams related to CCBHC daily bundled payment methodology.

The National Council for Mental Wellbeing has found that CCBHC service delivery has increased access to mental health and substance use care. In New York, CCBHC providers reported a 54 percent decrease in the number of clients using inpatient behavioral healthcare, which translated to a 27% decrease in associated monthly costs. In Missouri, CCBHC clinics reported 76% reduced emergency department visits and hospitalizations. Lower Shore Clinic strongly encourages that the senate approve SB0362 in order to move forward with improving the delivery of healthcare to all Marylanders.

SB362-CBH-FAV.pdf

Uploaded by: Lori Doyle

Position: FAV



Testimony on SB 362
Certified Community Behavioral Health Clinics – Established
Senate Finance Committee
February 14, 2023
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 110 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.

It is time to rebalance our public behavioral health system from a focus on crisis services to a focus on those services and supports that keep people out of crisis and help avert unnecessary hospital emergency department (ED) and inpatient utilization. Certified Community Behavioral Health Clinics (CCBHCs) will do just that.

Decades ago, Congress created federally qualified health centers (FQHCs) to provide a comprehensive array of somatic care services to individuals regardless of their insurance status or ability to pay. CCBHCs were created at the federal level in 2013 to provide the same comprehensive approach for those with behavioral health needs.

CCBHCs must meet rigorous 115 federal standards and provide at least nine required services, including services for children, medication-assisted treatment for those with opioid disorders, 24/7 crisis intervention, and peer supports. A five-year evaluation of CCBHCs in the original ten demonstration states highlights some impressive outcomes, including the following:

New York

- All cause hospital readmissions dropped 55% after 1 year.
- Behavioral health inpatient and overall inpatient services show a 27% and 20% decrease in monthly costs, respectively.
- Behavioral health ED and overall ED services show a 26% and 30% decrease in monthly costs, respectively.
- Behavioral Health services for children and youth increased by 24%.

Oklahoma

- Adult inpatient hospitalizations at any psychiatric hospital were reduced by 93.1%.
- From 2016-2021, the decrease in inpatient hospitalizations produced a \$62 million cost savings.

Missouri

- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%.

“The people who could and should be in care don’t get it until they’re very ill and they’re in an emergency room. Whenever you have a crisis, it’s because you failed in some way upstream.”

– Healing: Our Path from Mental Illness to Mental Health by Thomas Insel, former director of the National Institute of Mental Health



- Access to behavioral health services increased 35% in 5 years, with a 156% increase in medication-assisted treatment for substance use disorders.
- Deflection and diversion programs with law enforcement increased by 41%.

Maryland struggles with the longest ED wait times in the nation and overutilization of ED services for those with behavioral health conditions. Children's access to behavioral health services has been decimated, resulting in increased ED utilization and ED boarding time. Law enforcement officers are increasingly asked to intervene in behavioral health emergencies. We continue to struggle with unacceptably high opioid overdose deaths.

The cracks in our system are evident. It is time Maryland addressed these critical concerns by adopting the CCBHC model, as have twenty-three other states.

We urge a favorable report on SB 362.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

MD Catholic Conference_FAV_SB0362.pdf

Uploaded by: MJ Kraska

Position: FAV



**MARYLAND
CATHOLIC
CONFERENCE**

February 14th, 2023

SB 362

Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

Position: Favorable

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Those experiencing adverse behavioral health issues are among the most marginalized and underserved in our society. The Catholic Church through its parishes, charities and other ministries reaches out pastorally to those struggling with mental illness. Because the Catholic faith embraces an integrated view of the human person as both corporeal and spiritual, we welcome the sciences as one pathway to knowledge of the human person. Pope St. John Paul II

said "Whoever suffers from mental illness always bears God's image and likeness in themselves, as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such."

The Conference appreciates your consideration and respectfully urges a **favorable** report for Senate Bill 362.

NCADD-MD - 2023 SB 362 FAV - CCBHC - Senate.pdf

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
February 14, 2023**

**Senate Bill 362
Certified Community Behavioral Health Clinics – Established
Support**

NCADD-Maryland supports Senate Bill 362. Certified Community Behavioral Health Clinics (CCBHCs) are specially-designated, sustainably-financed, 24/7 clinics that provide a comprehensive range of integrated, evidence-based mental health and substance use services, including 24/7 crisis response and medication assisted treatment (MAT).

In states around the country that have instituted CCBHCs, they have shown an increase in access to care, reductions in emergency department and inpatient utilization, higher engagement post discharge from hospitals, improved utilization of MAT for opioid use disorders, and improved integration with physical care. With increases in suicides and overdose deaths in Maryland, creating these kinds of comprehensive programs that utilize teams of professional and paraprofessional staff to provide holistic services is a necessary tool for our families and communities.

We urge a favorable report on Senate Bill 362.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0362-MACHC-FAV

Uploaded by: Pam Kasemeyer

Position: FAV



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Guy Guzzone

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman
Christine K. Krone
410-244-7000

DATE: February 14, 2023

RE: **SUPPORT** – Senate Bill 362 – *Certified Community Behavioral Health Clinics – Established*

The Mid-Atlantic Association of Community Health Centers (MACHC) is the federally designated Primary Care Association for Delaware and Maryland Community Health Centers. As the backbone of the primary care safety net, Federally Qualified Health Centers (FQHCs) are united by a shared mission to ensure access to high-quality health care to all individuals, regardless of ability to pay. FQHCs are non-profit organizations providing comprehensive primary care to the medically underserved and uninsured. MACHC supports its members in the delivery of accessible, affordable, cost effective, and quality primary health care to those most in need. To this end, MACHC **supports** Senate Bill 362.

Senate Bill 362 establishes a framework for the establishment of Certified Community Behavioral Health Clinics (CCBHCS). CCBHCS are modeled after FQHCs, including the provision of services, regardless of insurance or ability to pay. They are federally designated and provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring.

In the States that implement the CCBHC model, many FQHCs have qualified to serve as CCBHCs in addition to their FQHC designation and/or they have partnered with CCBHCs to broaden the services provided in the medical underserved areas in which they are located. Other states with the CCBHC model in place have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Senate Bill 362 will improve behavioral health outcomes, save money, and keep people out of crisis. A favorable report is requested.

MPA Testimony 2023 - Support - SB 362 Certified Co

Uploaded by: Pat Savage

Position: FAV



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: [410-992-7732](tel:410-992-7732). www.marylandpsychology.org

OFFICERS OF THE BOARD

President

Rebecca Resnick, PsyD,

President-elect

Brian Corrado, PsyD

Past President

Linda McGhee, PhD, JD

Secretary

Tanya Morrel, PhD

Treasurer

Melinda Capaldi, PsyD

Representatives-at-large

Jessica Rothstein, PsyD

Andrea Chisolm, Ph.D.

Representative to APA Council

Peter Smith, PsyD

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD

Diversity

Whitney Hobson, PsyD

Early Career Psychologist

Meghan Mattos, PsyD

Educational Affairs

Laurie Friedman Donze, PhD

Ethics

Colleen Byrne, PhD

Legislative

Pat Savage, PhD

Membership

Linda Herbert, PhD

Professional Practice

Karin Cleary, PhD

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, PhD

INTERIM EXECUTIVE

DIRECTOR

Thomas Cote, MBA, CAE

February 13, 2023

Senator Melony Griffith, Chair
Senator Katherine Klausmeier, Vice Chair
Senate Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

RE: SB 362 Certified Community Behavioral Health Clinics - Established

Position: **Support**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. We write in **support of SB 362**, which would require the Maryland Department of Health to submit a state plan amendment to the Centers for Medicare and Medicaid Services to establish certified community behavioral health clinics and certain payment systems for them. We support the goals of strengthening, defining, and establishing payment systems for community behavioral health clinics. They provide crucial services to persons suffering from mental health conditions in a setting that can meet the unique needs of some people.

For the reasons noted above the Maryland Psychological Association asks for a **FAVORABLE** report on SB 362.

Thank you for considering our comments on SB 362. If we can be of any further assistance as the Senate – Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB0362_CC_Vaughan_FAV.pdf

Uploaded by: Regan Vaughan

Position: FAV



Senate Bill 362
Certified Community Behavioral Health Clinics - Established
Finance Committee
February 14, 2023
Support

Catholic Charities of Baltimore supports SB 362 which would increase access to comprehensive community based mental health and substance use care by expanding Maryland’s network of Certified Community Behavioral Health Clinics (CCBHCs).

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors. We recognize the need to have an array of community-based services for children, youth and adults seeking assistance.

Federally designated CCBHCs provide a comprehensive range of integrated community-based services, including crisis response, mental health, substance use, along with other services, as well as care coordination with other providers and systems. There are nine core services that a CCBHC must including: services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment and primary health screening and monitoring, with a financing model that incentivizes positive outcomes along with flexibility over volume and frequency of visits.

CCBHC’s solve many of the problems in our current system. Under a CCBHC model, wait times are greatly reduced allowing individuals to get immediate access to care. CCBHC’s are required to provide treatment regardless of insurance or ability removing barriers to access. Co-location is an important feature – making it easier for the client but also for the care team to coordinate services.

As we seek to reform Maryland’s public behavioral health system and the children’s system of care, CCBHC’s are an important strategy to help us create a system that is reliable and responsive.

For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 362.

Submitted By: Regan Vaughan, Director of Advocacy

2023 LCPCM SB 362 Senate Bill FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 362 - Certified Community Behavioral Health Clinics – Established

Hearing Date: February 14, 2023

Position: Favorable

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *House Bill 362 – Certified Community Behavioral Health Clinics*. The bill requires the Department of Health to seek a state plan amendment to establish the provider category of certified community behavioral health clinics (CBHCs). CBHCs integrate primary care services with behavioral health services and must adhere the federal criteria established by the Center for Medicare and Medicaid Services (CMSs). Through Medicaid, the state can draw down matching federal dollars to provide support to CBHCs. This arrangement will allow the state to establish an integrated model of care and improve the health outcomes of people who need behavioral health services.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

SB362 CCBHC - VOA.pdf

Uploaded by: SHERYL Neverson

Position: FAV



Testimony on SB 362
Certified Community Behavioral Health Clinics – Established
Senate Finance Committee
February 14, 2023
POSITION: SUPPORT

Good afternoon. I am Sheryl Neverson, Senior Vice President at Volunteers of America of the Chesapeake and Carolinas region. Founded in 1896, we are a non-profit organization whose mission is to empower self-reliance through housing, health, and human services that benefit vulnerable individuals, their families and the community. Every year, we serve 3,000 Maryland residents with mental health and addiction treating, housing and job support programs.

Volunteers of America is one of the organizations receiving a federal grant to develop a Certified Community Behavioral Health Clinic (CCBHC) model at our Prince George's and Baltimore County locations. In conjunction with the grant, we were able to make critical investments in infrastructure and services that allowed us to better meet the needs of the communities we serve. We were able to provide a continuum of mental health, substance-use and primary care services to individuals with chronic addiction, serious mental illness and complex health problems.

With the CCBHC grant, we were able to:

- Increase our behavioral health workforce by 30 new hires;
- Increase integrated behavioral health and primary care services to 810 individuals during the height of the pandemic;
- Demonstrate positive client health outcomes across key outcome metrics; and
- In Year Two, increased Medicaid and Medicare enrollment by 362 clients.

Unfortunately, our application to renew our Maryland CCBHC grant was denied in 2022, even as our application to expand our CCBHC into the District of Columbia was awarded.

One of the key aspects of the CCBHC model is that it allows providers to treat anyone seeking care for a mental health or addiction need, regardless of their ability to pay. Immigration, citizenship status, or high-deductible insurance plans can all create barriers to getting needed mental health or substance-use treatment. Volunteers of America took on clients unable to pay for care through our CCBHC grant.

Despite losing the grant, we continue to serve these uninsured individuals in the hopes that we will be able to apply for a new round of CCBHC funding. If we are unable to secure a grant this year, we will anticipate having to discharge these individuals, with few to no options for uninsured individuals with serious mental health and addiction needs to receive treatment elsewhere.

The CCBHC model is vital to helping organizations like mine better meet the needs of their communities, and Maryland can sustain and expand this model through a Medicaid state plan amendment.



I urge this committee to issue a favorable report on SB 362. Thank you for your attention.

SB0362_Evolve_FAV.pdf

Uploaded by: Therese Hessler

Position: FAV



Senate Bill 362 - Certified Community Behavioral Health Clinics – Established

Senate Finance Committee

February 14, 2023

TESTIMONY IN SUPPORT

Evolve Life Centers program provides a wide range of clinically intensive treatment services, including, Partial Hospitalization, Intensive Outpatient, Outpatient, Mental Health, Medium Intensity Residential Treatment, Low Intensity Residential Treatment, Recovery Housing and DUI Education through our 12 plus locations throughout Pasadena and the surrounding area in Anne Arundel County, MD.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

CCBHCS are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Evolve understands the challenges faced with finding support and treatment services that are right for the needs of individuals and their families. This bill will improve behavioral health outcomes, save money, and keep people out of crisis by expanding access to care.

For these reasons, Evolve Life Centers politely asks for a favorable report on SB 362.

For more information call or email:

Therese M. Hessler | 301-503-2576 | therese@ashlargr.com

SB362_MARFY_SUPPORT.pdf

Uploaded by: Therese Hessler

Position: FAV



February 14, 2023

**Senate Bill 362 - Certified Community Behavioral Health Clinics –
Established Senate Finance Committee**

Position: SUPPORT

The Maryland Association of Resources for Families and Youth (MARFY) is an association of private child caring organizations providing foster care, group homes, and other services through more than 200 programs across Maryland. The members of MARFY represent providers who serve Maryland's most vulnerable children who are in out of home placements due to abuse, neglect or severe mental health, and medical needs. We operate group homes, treatment foster care programs and independent living programs, primarily serving the foster care population as well as a juvenile services population.

SB 362 will increase access to comprehensive community based mental health and substance use care by expanding Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs).

CCBHCs are federally designated, proven models that provide a comprehensive range of outpatient mental health and substance use treatment, care coordination with other providers and services, and connection to other systems and supports. They are based on the federally qualified health center (FQHC) model, providing services regardless of insurance status or ability to pay.

CCBHCs must provide nine core services, including services for children and youth, 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the model broadly have seen increased access to care, reductions in emergency department and inpatient utilization, a mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, improved utilization of medication assisted treatment for opioid use disorders, and improved integration with physical care.

Preparing Maryland for a prosperous future begins with recognizing that our youngest residents must get what they need today to become the adults who will strengthen our communities and build our economy. Fortunately, what our youth need is not a mystery. Recent advances in the science of early childhood development tell us that the early years are a time when the brain is literally building itself from the ground up, in much the way a house is constructed. And, it is the relationships and experiences children have early in life that are the building blocks for the skills they need to remain healthy, and to succeed in school, in relationships, and in the workforce.



The child welfare system serves an important role in the care and protection of vulnerable children. However, children should only enter into it when absolutely necessary. Children should not have to enter the child welfare system simply because they need behavioral supports – we have a behavioral health system for that. Unfortunately, antiquated funding streams require some families to surrender physical custody of their children to the Department of Human Services in order for the youth to access treatment in a Residential Treatment Center and other such programs.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis.

It is for these reasons we politely ask for a favorable report on Senate Bill 362.

For more information call or email:

Therese M. Hessler | 301-503-2576 | therese@ashlargr.com

7 - SB 362 - FIN - MDH - LOSWA.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 14, 2023

The Honorable Melanie Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

Re: SB 362 – Certified Community Behavioral Health Clinics – Established – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 362 – Certified Community Behavioral Health Clinics – Established. SB 362 will require MDH to implement certified community behavioral health centers (CCBHCs) in Maryland. MDH will need to submit a state plan amendment to the Centers for Medicare and Medicaid Services on or before December 1, 2023.

The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. In this model, CCBHCs provide 24/7 access to a wide variety of services, including emergency services, to a large number of individuals. MDH supports efforts to advance CCBHCs in Maryland; however, MDH did not pursue the \$1 million CCBHC planning grant in December 2022 as MDH efforts are currently focused on implementing a foundation of technological improvements that will support CCBHCs in the future. These improvements are:

1. Implementing \$140 million in new programs and services in 2022 - 2023. These services include mobile crisis, crisis stabilization units, the Maternal Opioid Misuse (MOM) Model, and certified peer recovery specialists. There are additional monies in the Fiscal Year (FY) 2024 budget as well for state-only services.
2. Modernizing the Medicaid Management Information System (MMIS), which will be required to implement CCBHCs on a technical and billing basis.
3. Cost-based behavioral health rate setting as required by the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (Chapters 571 and 572 of the Acts of 2017). MDH has started reviewing the vendors' proposals to assist with implementing cost-based behavioral health rates.

Additionally, as currently drafted, SB 362 will have a substantial fiscal impact as federal matching funds are only available for services delivered to Medicaid participants with the remaining 53% of costs requiring 100% state general funds. MDH estimates implementation of this coverage will exceed \$542.8 million (\$376.2 million General Funds, \$166.6 million Federal Funds) annually. Covering CCBHC benefits through the State plan without first seeking a federal planning grant leaves critical federal funding on the table—dollars that would be subject to a 65% FMAP.

MDH has been in contact with the Substance Abuse and Mental Health Services Administration (SAMHSA). They will be releasing a new grant opportunity for providers that will allow for up to \$1 million grant awards per year for four years. As such, MDH proposes to amend the bill to require that MDH apply to SAMHSA for federal funding that is expected to become available in Fiscal Year 2025. In the interim, clinic sites awarded funding directly by SAMHSA can continue to rely on these dollars without creating new demand for state general funds.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Acting Secretary

AMENDMENTS TO SENATE BILL 362

(First Reading File Bill)

On Page 1, in line 2, strike beginning with “State” in line 4 down through “clinics” in line 10 and replace with “to apply for a certain federal grant in Fiscal Year 2025.”.

On page 1, strike the lines beginning with line 11 down through line 25 on page 3 inclusive, and replace with:

“SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Maryland Department of Health apply to the Substance Abuse and Mental Health Services Administration at the Center for Mental Health Services for federal planning grant funds for Fiscal Year 2025.”