



**Testimony on SB 582**  
**Behavioral Health Care – Treatment and Access**  
**(Behavioral Health Model for Maryland)**  
**Certified Community Behavioral Health Clinics**  
Senate Finance Committee  
March 7, 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**

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*“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

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- Hospitalizations dropped 20% after 3 years, ED visits dropped 36%.
- 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 582.

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