



## **SB 582 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)**

**Committee: Senate Finance**

**Date: March 7, 2023**

**POSITION: Support with Amendments**

**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 582 with amendments.

For years, behavioral health stakeholders have worked to improve the 1) quality, 2) quantity, and 3) cost-effectiveness of behavioral health services in Maryland. SB 582 establishes three initiatives that will do just these things, which have been priorities of behavioral health advocates:

1. Establish a value-based purchasing (VBP) pilot program. There are numerous benefits to VBPs. They remove the constraint on providers of having to focus on delivering billable services, allowing them more freedom to deliver the services that they deem are most valuable to patients. They require collection of data on quality and costs, leading to improvements in services. And of great benefit to the state, they allow for more predictable funding for the behavioral health system.
2. Extend the telehealth provisions that were slated to end in 2023. Telehealth has been shown to produce a multitude of benefits, including ease of access, fewer missed appointments, and greater adherence to treatment plans. The many positive provisions that were put in place in 2021 (such as audio-only telehealth, consumer choice and payment parity for providers) were designed to sunset in 2023 – SB 582 will extend them for another two years.
3. Establish Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs provide a wide array of services, including 24/7 crisis intervention, peer supports, substance use treatment, and primary health screening and monitoring. States that have implemented the CCBHC model have seen increased access to care, reductions in emergency department and inpatient utilization, improved utilization of medication assisted

treatment for opioid use disorders, and improved integration with physical care, resulting in significant cost savings.

MCF is in strong support of these three provisions in the bill.

In addition, SB 582 establishes a Commission on Behavioral Health Care Treatment and Access. A Commission is absolutely needed to study the many complex issues that must be addressed to improve the behavioral health system of care in Maryland. We would propose, however, that the timeline for action be moved up. **There are many initiatives happening right now that need to be tackled immediately.** Just two examples:

- For some years now there has been no provider of adolescent residential substance use treatment in Maryland that accepts Medicaid, therefore a number of adolescents have been unable to access treatment that has been deemed medically necessary. This is in violation of Medicaid's EPSDT requirement (Early and Periodic Screening, Diagnosis and Treatment), which requires that a state Medicaid agency must fund a service for a Medicaid-eligible child if it is deemed medically necessary. In the 2022 legislative session, HB 971 was introduced, which required MDH to provide an adequate array of substance use treatment options for adolescents. The bill did not pass, but Governor Hogan put in a Supplemental Budget \$500,000 for MDH to undertake a needs assessment. The time to act on this is NOW. Not only are adolescents unable to access needed treatment, Medicaid is in violation of federal requirements.
- There has been an attempt to build out a Mobile Response and Stabilization Services (MRSS) system for children and youth with federal dollars. MRSS is a proven model that keeps youth out of emergency departments and hospitals, and stabilizes them in their communities. These federal funds have not yet been successfully spent. Our youth and families are in crisis, lingering for days and weeks and even months in emergency departments and hospital inpatient psychiatric units. Maryland needs to act NOW to spend these dollars on an MRSS system before the funds dry up.

In addition to moving up the timeline for the Commission to take action, there are other amendments that would strengthen its work.

- Since one entire workgroup will be devoted to youth behavioral health, it is imperative that Maryland's family organization, *which is dedicated to serving families of children and adolescents with behavioral health challenges*, be represented on the Commission. **We propose adding the Maryland Coalition of Families to the Commission.**
- There are many unique aspects of infant and early childhood behavioral health. The current membership structure would benefit greatly from the addition of infant and early childhood experts. **We propose that the Infant Mental Health Association of Maryland and DC be named as a stakeholder on the Commission.**
- The local expertise and on-the-ground perspectives of Maryland's Local Behavioral Health Authorities are critical in informing how services are delivered and how

recommendations may best serve our communities. **We request two representatives from Local Behavioral Health Authorities, one representing a rural and one representing an urban area, be added to the Commission.**

For all of these reasons, we urge a favorable report on SB 582 with amendments.

**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](mailto:ageddes@mdcoalition.org)**