



SB 101 – Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion

Committee: Finance

Date: January 31, 2022

POSITION: Support

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 issue.

MCF strongly supports SB 101.

SB 101 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven Collaborative Care Model (CoCM).

The Collaborative Care Model (CoCM) is an evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model includes:

1. care coordination
2. psychiatric consultation
3. measurement tracking

CoCM has been shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalizations and higher intensity levels of care.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

The need for the Collaborative Care Model is greater than ever. The mental health of people has dramatically worsened in the wake of the COVID pandemic. Adults saw an increase in rates of

depression from 6% to 25% from 2019 to 2021.¹ Emergency department visits for potential suicidality for youth aged 12-17 increased 39% from 2019 to 2021.² The United States and Maryland are experiencing a mental health crisis, and this is especially true of youth.

While there is increasing need for youth mental health treatment, there are significant barriers to getting that treatment:

- There is a tremendous shortage of child and adolescent psychiatrists. Currently there are some 7,000 practicing child and adolescent psychiatrists, and it is estimated that the nation requires 30,000 to adequately meet the needs of children and adolescents.
- There is stigma associated with seeking out mental health services. Families of youth can be reluctant to seek care in specialty mental health treatment settings.
- There is mistrust of psychiatric practitioners.
- There are logistical barriers to seeking out specialty care – more appointments can mean more lost time from work and more costs.

For these reasons, less than half of pediatric patients referred for off-site specialty mental health services from primary care ever see a specialist within the following six months. Providing mental health care in a primary care setting is the solution to these barriers.

Indeed, currently, children and adolescents who do receive mental health services are usually cared for in primary care settings. **More than one-half of pediatric primary care visits address mental health problems, and pediatricians write 85% of psychotropic medication prescriptions for youth.**³

Yet mental health conditions in youth can be difficult to diagnose and prescribed treatment can frequently be less than successful. Pediatricians report challenges to providing quality mental health care:

- Lack of mental health training
- Insufficient time
- Lack of knowledge about community mental health resources
- Inadequate reimbursement

The CoCM, by pairing a primary care provider with a care coordinator, providing psychiatric consultation, measuring progress, and ensuring adequate reimbursement solves these concerns.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Maryland Coalition of Families urges this committee to pass SB 101.**

¹ Centers for Disease Control and Prevention, National Center for Health Statistics (November 2022). Anxiety and Depression.

² Centers for Disease Control and Prevention (June 2021). Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021.

³ Goodwin, R. et al, “Prescriptions of Psychotropic Medications to Youth Office-Based Practice, American Psychiatric Association (2001)

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