

March 21, 2023

The Honorable Josaline Peña-Melnyk Chair, House Health and Government Operations Committee Room 241, House Office Building Annapolis, MD 21401

RE: Senate Bill 3 – 9–8–8 Trust Fund – Funding – Letter of Support

Dear Chair Peña-Melnyk and Committee Members:

The Health Services Cost Review Commission (HSCRC) requests that the Committee favorably report Senate Bill 3, the 9-8-8 Trust Fund. HSCRC, through the hospital rate-setting system, has invested \$79.1 million seed funding over five years to develop sustainable, evidence-based crisis services in Maryland through the HSCRC's Regional Partnership Catalyst Program. A high functioning 988 system is crucial to support these investments. 988 functions as a gateway, connecting individuals in crisis to the resources developed by the Regional Partnerships, including mobile crisis teams, crisis stabilization centers, and same-day referrals to behavioral health providers. Without a well-funded 988 system, the Regional Partnerships would not reach as many patients, reducing the impact of the money that hospitals and health care payers have invested in the Regional Partnerships.

The Regional Partnership Catalyst Program provides funding to hospital-led projects that work across statewide geographic regions to build infrastructure for interventions that align with goals of the Total Cost of Care (TCOC) Model and support population health goals in the Statewide Integrated Health Improvement Strategy (SIHIS). One of the three population health priority focus areas in SIHIS is opioid overdose mortality. Opioid use is directly connected to broader behavioral health issues, as many people who use opioids also have other behavioral health concerns. To support this SIHIS goal, HSCRC used the Regional Partnership Catalyst Program to support the implementation and expansion of the evidence-based "CrisisNow" behavioral health crisis management model in Maryland.¹ Funding recipients are implementing and expanding at least one of the three main elements of the CrisisNow Model:

1. Crisis call centers and "Air Traffic Control" services, which help connect individuals in crisis to needed services:

Adam Kane, Esq Chairman

Joseph Antos, PhD Vice-Chairman

Victoria W. Bayless

Stacia Cohen, RN, MBA

James N. Elliott, MD

Maulik Joshi, DrPH

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Director

Population-Based Methodologies

Gerard J. Schmith

Director

Revenue & Regulation Compliance

Medical Economics & Data Analytics

¹ The CrisisNow Model is described in "Crisis Now: Transforming Services is Within Our Reach" action plan developed by the National Action Alliance for Suicide Prevention.

- 2. Community-based mobile crisis teams, and
- 3. Short-term, "sub-acute" residential stabilization programs.

Through a competitive process, HSCRC awarded funds to three regional partnerships. A core goal of the Regional Partnership Catalyst Program is to foster widespread collaboration between hospitals and community partners. Under this program, hospitals are partnering with neighboring hospitals and diverse community organizations including local health departments (LHDs), local behavioral health authorities (LBHAs), provider organizations, and non-profits to expand behavioral health crisis services infrastructure. In 2021, Regional Partnerships worked with a total of 136 community partners to expand crisis services.

Table: Regional Partnership (Behavioral Health) Jurisdictions and Funding Amounts

| Regional Partnership | Jurisdiction | 5 Year Funding Amount (2021-2025) |
|---|--|--------------------------------------|
| Greater Baltimore Regional Integrated Crisis System (G-BRICS) | Baltimore City/County, Howard, Carroll Counties | \$44,862,000 |
| Totally Linking Care (TLC) | Prince George's County | \$22,889,722 |
| Tri-County Behavioral Health Engagement (TRIBE) | Lower Eastern Shore | \$11,316,332 |

The second funded year of these programs has just ended. In the first year (2021) Regional Partnerships prioritized putting business agreements in place, finalizing memorandums of understanding, and procuring contracts necessary for implementing activities in CY 2022. TRIBE focused on preparing to open two crisis stabilization centers. Both of these centers opened in 2022 and are serving individuals in crisis on the lower eastern shore. G-BRICS and TLC focused efforts on procuring software to implement "air traffic control" systems and expanding mobile crisis teams in their service area in CY 2022. GBRICS has also continued to expand access to same-day care through its Open Access Pilot and TLC plans to open its stabilization center in Prince George's County this year.

The Commission urges a favorable report on SB 3 to fund vital 988 services throughout Maryland. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at katie.wunderlich@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

Katie Wunderlich

Kathan K. Wu

Executive Director