



House Bill 1148 Behavioral Health Care -Treatment and Access (Behavioral Health Model for Maryland)

House Health and Government Operations Committee

February 28, 2023

TESTIMONY IN SUPPORT

Good Afternoon Chairwoman Pena-Melnyk, Vice Chair Kelly and members of the committee. My name is Nicole Graner and I am the Manager of Communication, Marketing and Advocacy with 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.

House Bill 1148 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 support, 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 2,684 clients to our programs with 46% 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 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, **459 Cornerstone Montgomery residential clients received services from a CNA or LPN** with 69% receiving one to five services, 12% receiving six to ten, and 19% 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. We have been able to better assess, treat and refer our clients from diverse backgrounds as a result of this program. I think it is important to hear how this service has had a direct impact on some of our clients and want to share just a few stories with you:

- One of our Residential Crisis Services programs recently had a client step-down from an inpatient hospitalization. All other crisis programs that the individual was referred to were unable to serve them as their primary language was Yoruba and the programs did not have translation capabilities. The client remained unnecessarily hospitalized until a bed could be opened for them. Upon arrival to the program and through the use of the translation services, we were able to ascertain that the client had a very good comprehension of the English language, but was deaf in one ear – this coupled with the COVID-19 mask requirements caused them great difficulty in understanding the hospital and RCS staff. We were able to successfully work the individual and their family to reconnect to providers and the family was able to support them in finding a room to rent once the crisis episode subsided.
- A member of our Supported Employment team has used the translation service to support a client whose primary language is Amharic (commonly spoken in Montgomery County). Having access to translation services has allowed the job coach to support the clients ongoing successful employment by supporting them in meeting with their Department of Rehabilitative Services (DoRS) counselor, interview preparation and benefits counseling.
- Our Crisis programs were also able to serve an individual whose primary language is Amharic. The individual came to us from a state hospital and through the translation service, we were able to support them in getting the COVID-19 vaccination, support them in getting on a long acting injection to support medication compliance, assist them in obtaining lost identity documents, apply for Medicaid and connect them with our Assertive Community Treatment (ACT) team and eventually our Residential Rehabilitation Program for stable housing.
- One of our Child and Adolescent Psychiatrists uses the translation services to meet with and treat a deaf patient. In the past finding a live ASL interpreter has been a treatment barrier for this individual and we are now able to provide psychiatric services that would otherwise be impossible.
- Our intensive residential program has been able to use the translation services to better and more effectively serve a long-term client whose primary language is Spanish. Because the client has limited English, they were able to “get by” for several years. Once we were able to consistently use the translation services to discuss more complex issues, the client was able to identify that they find this to be “extremely helpful” – the client reported that in the past, they haven’t always fully understood what staff had been discussing with them and felt pressured to answer in English. They didn’t ask for clarification because they didn’t want to be a burden. With the support of the translation service, staff are able to give in depth information about their mental and

physical health, the team can better communicate with the resident, their family and their natural support system and the client is able to ask for clarification on topics they don't understand.

- When a client in our crisis program was struggling with feeling isolated and unable to communicate with their family via the phone due to hearing loss, the team was able to use translation services to provide opportunities for the client to speak with their family as well as to communicate with staff. Having the ability to fully communicate their needs allowed the client to feel more comfortable and decrease their anxiety around being in an unfamiliar environment away from family while managing increased symptoms of their mental illness.

Our annual translation usage by minute has increased exponentially - in 2019, we used 904 minutes of translation services, 1,482 minutes in 2020, 2021 we used 14,419 minutes and in 2022 we used 24,746 minutes. We have used the service across all programs to serve clients who speak 23 different languages. Languages most commonly used since 2019 include American Sign Language, Amharic, Russian, Arabic and Cantonese.

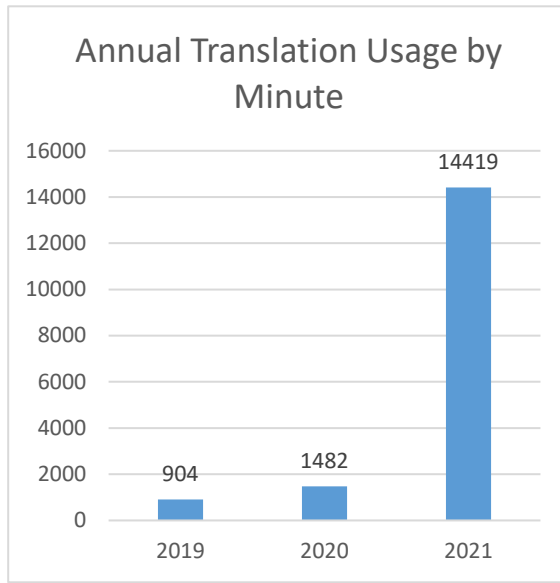
Our full CCBHC metric outcomes report is included to show our data and we know that these numbers will continue to improve.

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.

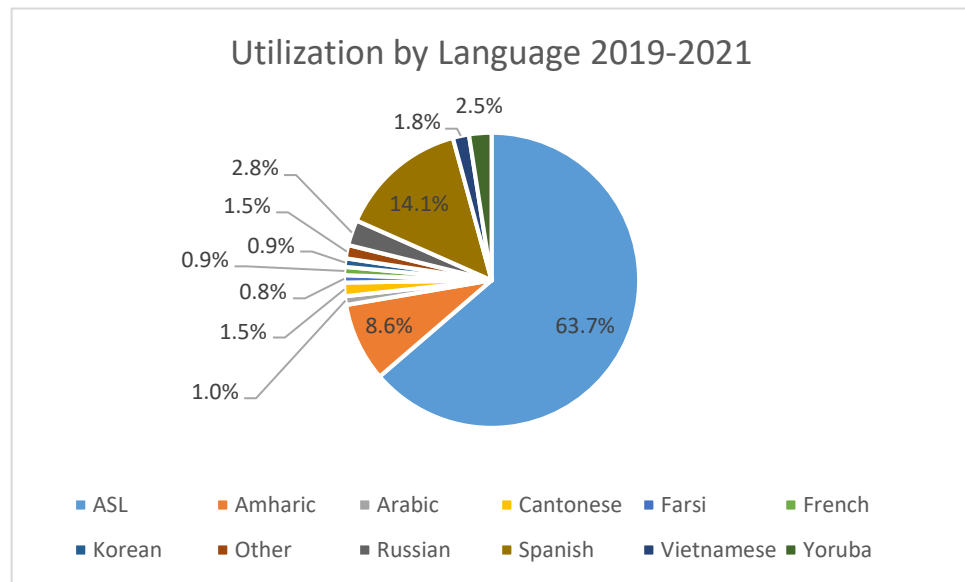
Being a CCBHC has benefited not only Cornerstone Montgomery as an agency, but Montgomery County as a community. We have been able to expand services and implement new programs to better serve the growing needs of our community. This bill will improve behavioral health outcomes, save money, and keep people out of crisis. **For these reasons, Cornerstone Montgomery strongly urges this committee to pass HB1148.**

Cornerstone Montgomery CCBHC Outcomes Report 2019 - 2021

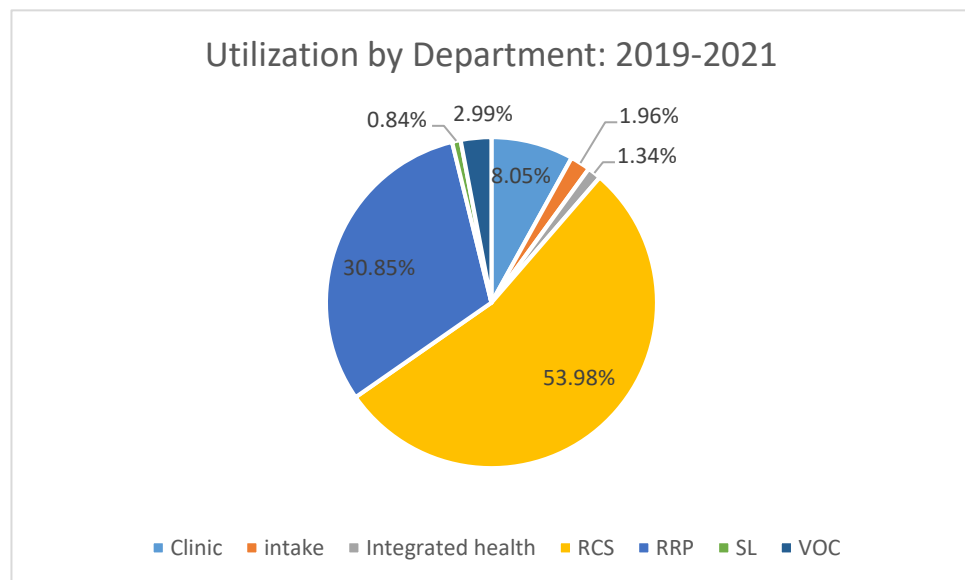
Languages Used	
1	Amharic
2	Arabic
3	Bengali
4	Cantonese
5	Farsi
6	Indonesian (Bahasa Indonesia)
7	Korean
8	Laotian
9	Malay
10	Malayalam
11	Mandarin
12	Russian
13	Spanish
14	Tibetan
15	Tigrinya
16	Vietnamese
17	ASL
18	Burmese
19	French
20	Serbian
21	Yoruba



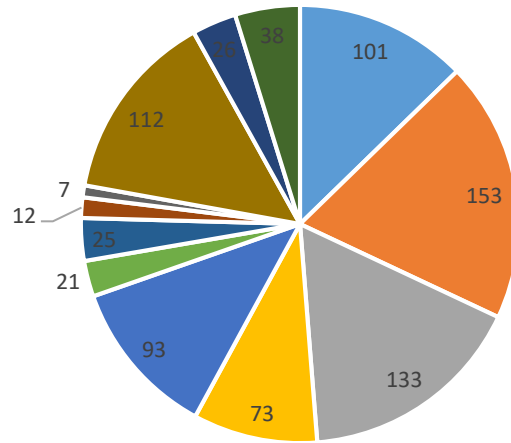
- We've served 45 unique clients since the start of the program.
- We have provided 267 hours and 13 minutes of translation, 240 hours of which were in 2021.
- Early utilization was primarily to assist existing ESL consumers but has grown rapidly to include groups we hadn't previously been able to serve,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

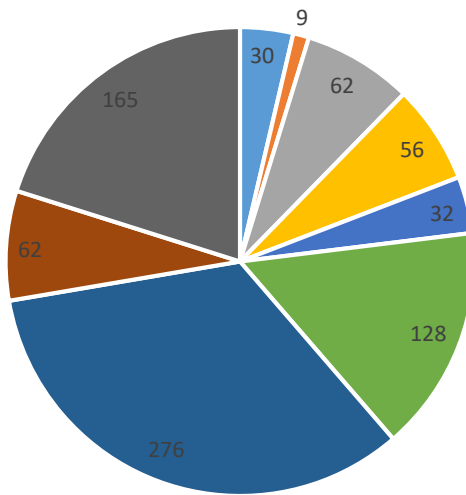


Utilization by Language in Minutes: 2019



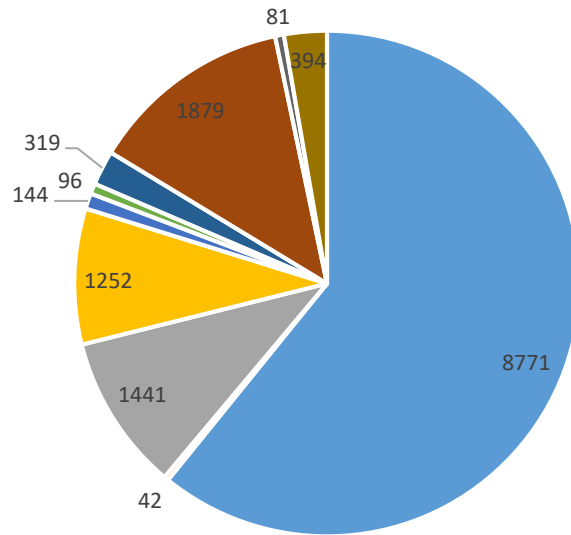
- Amharic
- Arabic
- Cantonese
- Farsi
- Indonesian
- Korean
- Laotian
- Malay
- Malayalam
- Spanish
- Tibetan
- Vietnamese

Utilization by Language in Minutes: 2020



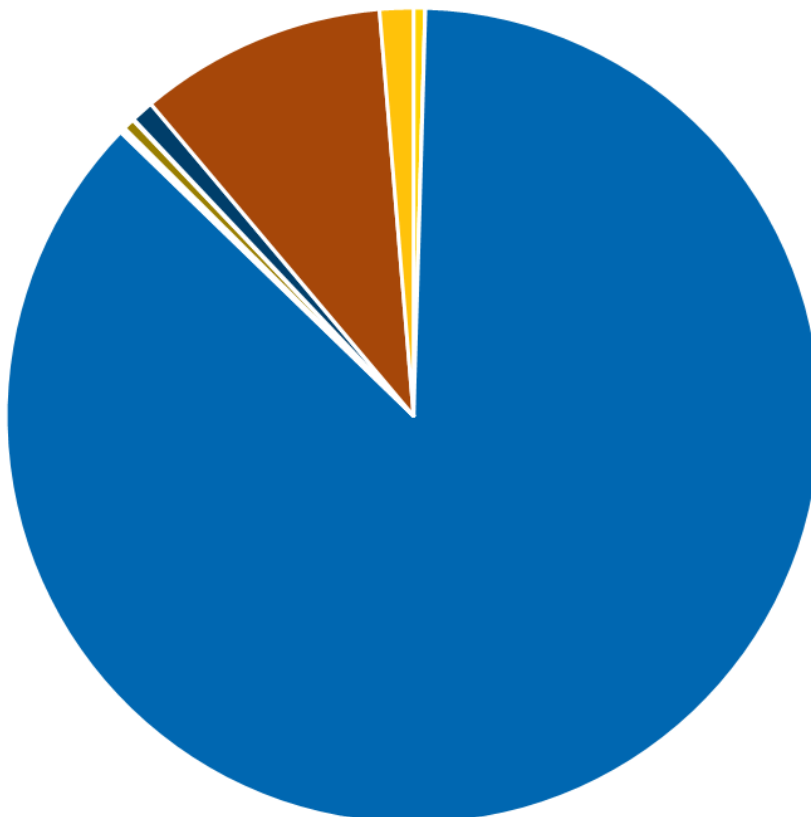
- Amharic
- Bengali
- Cantonese
- Farsi
- Korean
- Russian
- Spanish
- Tigrinya
- Vietnamese

Utilization by Language in Minutes: 2021



■ ASL ■ Cantonese ■ CDI ■ Amharic ■ French ■ Korean ■ Russian ■ Spanish ■ Vietnamese ■ Yoruba

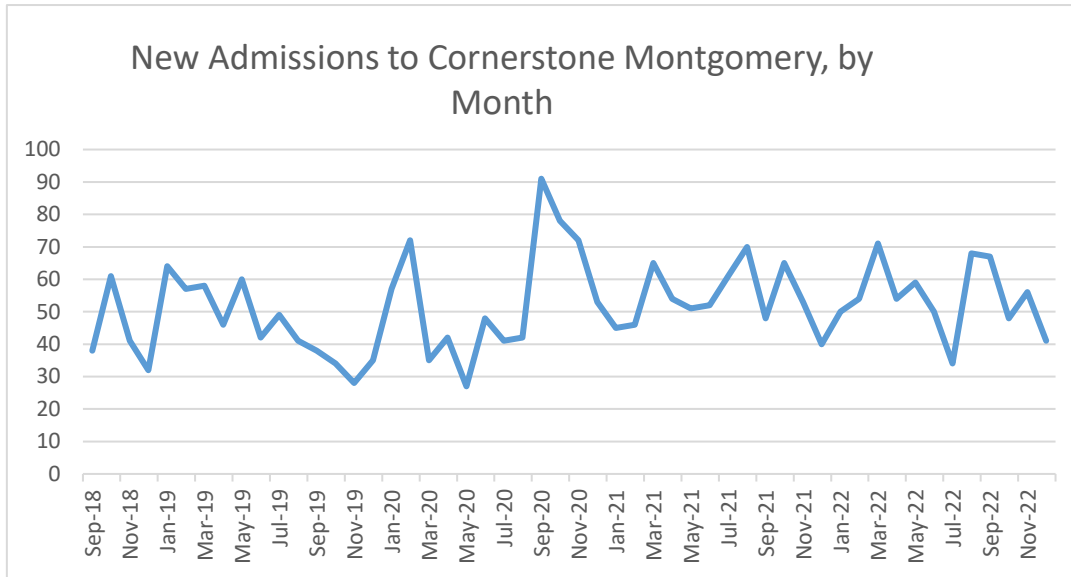
Utilization by Language in Minutes: 2022



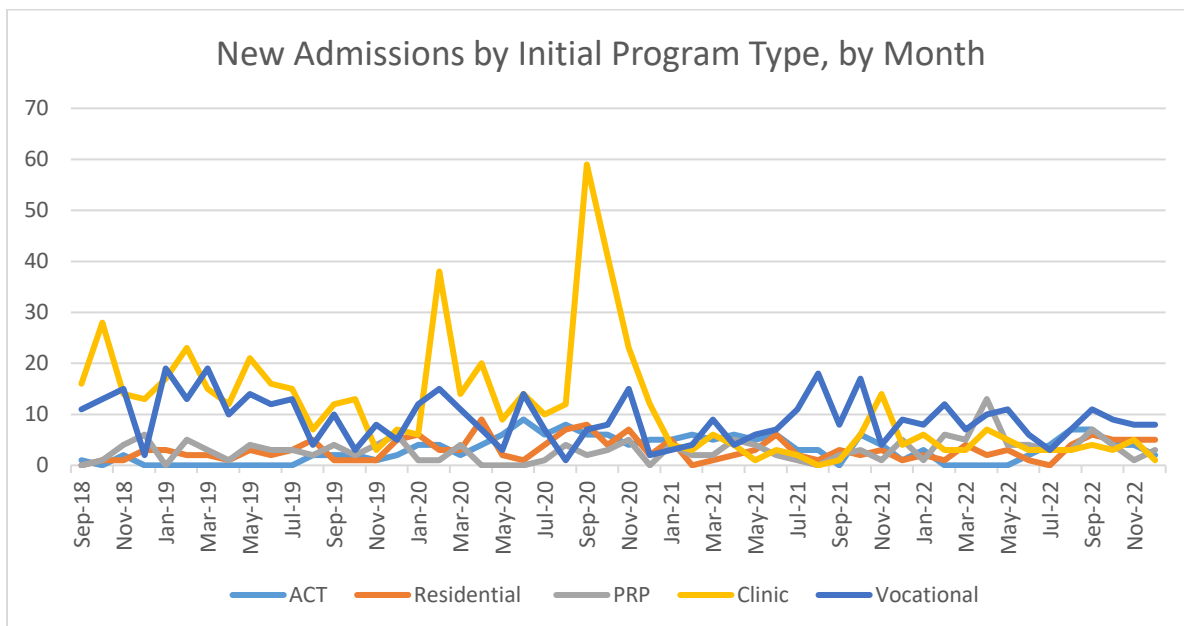
■ Amharic 112
 ■ Arabic 2
 ■ ASL 21341
 ■ Bengali 31
 ■ Cambodian 7
 ■ French 15
 ■ Korean 113
 ■ Punjabi 10
 ■ Russian 220
 ■ Spanish 2413
 ■ Vietnamese 329

Cornerstone Montgomery CCBHC Outcomes Report 9/2018-12/2022

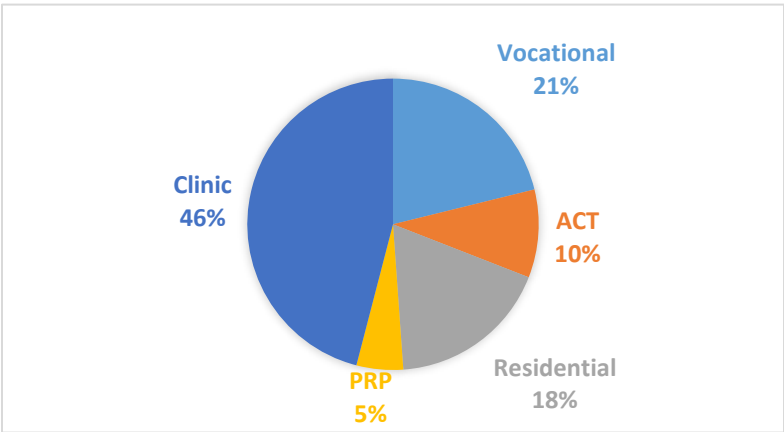
This graphs represents the new client admissions to Cornerstone Montgomery, per month from September 2018 to December 2022. **Over this time period, Cornerstone Montgomery has had 2,684 new clients join our programs.**



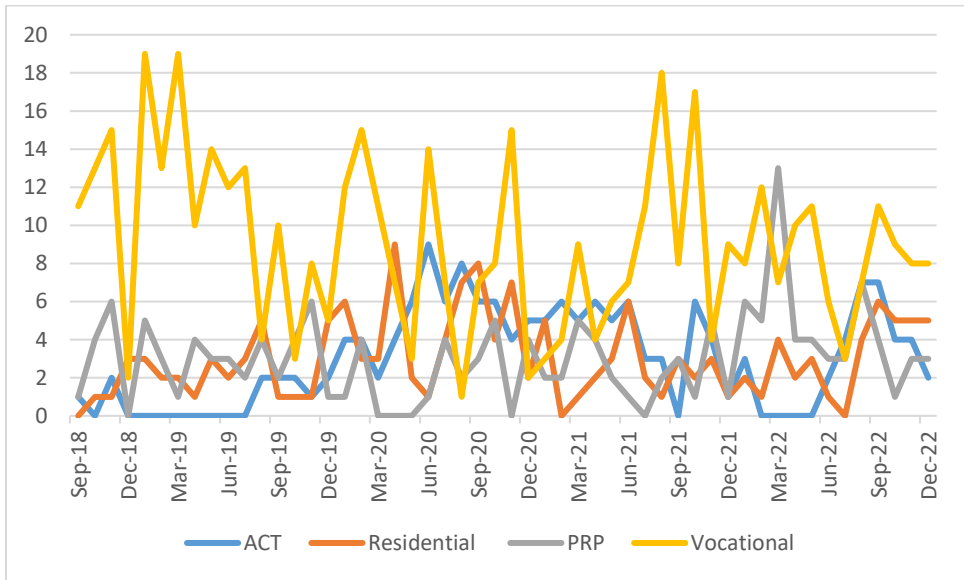
Below, new admissions are broken down by initial program type.



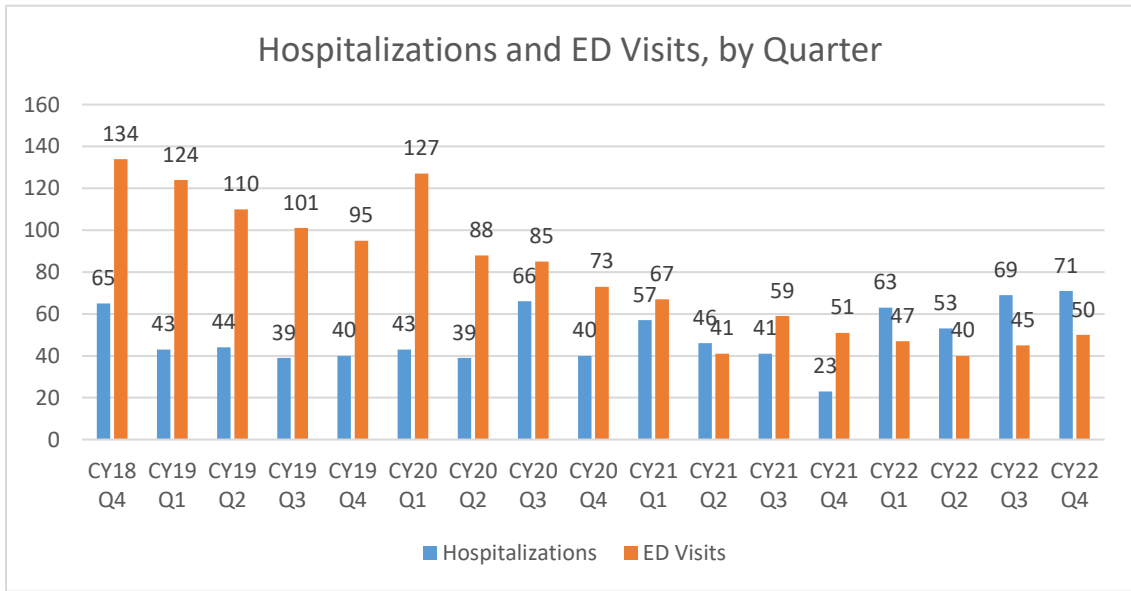
The Clinic continues to make up 46% of new client admissions, and continues to have the greatest impact on the overall admissions graphed above.



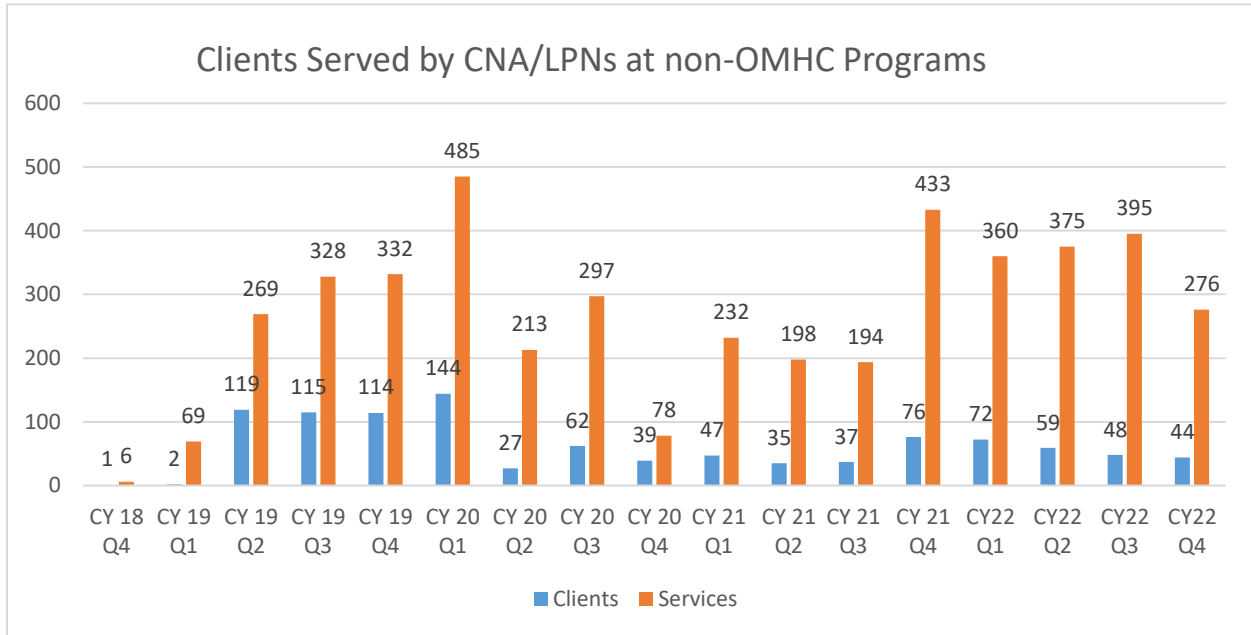
With removing Clinic admissions, we can see admissions from other programs in more detail. Over this time period ACT represents 10% of admissions, PRP 5%, Residential 18%, and Vocational 21%.



Viewing Hospitalizations and ED Visits, hospitalizations continue to remain consistent with a slight spike in ED visits due to various factors including staffing issues and spikes in COVID-19 cases.



This graph displays the number of clients receiving services from a CAN or LPN at a non-clinic program, against the overall number of services for each quarter. Services spiked after the addition of more CNA's through an additional SAMHSA grant.



There have been a total of 459 clients who've received services outside of the clinic from a CAN or LPN during this time frame.

The mass number of clients (69%) receive between 1-5 services, 12% of clients receive between 6-10 services and 19% of clients received 11 or more services.

