Heaver Plaza
1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

House Bill 1148 Behavioral Health Care - Treatment and Access
(Behavioral Health Model for Maryland)
Health and Government Operations Committee
February 28, 2023
TESTIMONY IN SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of House Bill 1148.

HB 1148 establishes a commission to make recommendations regarding behavioral health access and treatment. It would also provide for the expansion of Maryland's network of Certified Community Behavioral Health Clinics (CCBHCs), establish a value-based purchasing pilot program, and extend certain time-limited telehealth provisions.

Commission on Behavioral Health Care Treatment and Access
HB 1148 establishes a commission "to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the state across the behavioral health continuum that are available on demand." The bill enumerates commission membership, establishes standing workgroups, and outlines various duties and responsibilities across a variety of policy areas. The commission sunsets after four years.

Behavioral health stakeholders in Maryland have worked long and hard to address an increasing demand for mental health and substance use care across the state. After many years, we are finally starting to see attention to and progress across three key pillars of the behavioral health care continuum – community-based services and supports, crisis response services, and inpatient treatment.

As reforms in these areas progress, this commission can play an important role in ensuring these efforts are integrated, coordinated, and properly resourced. As such, we would urge the commission to develop a plan within one year that guides state coordination and support for these ongoing reform efforts. The commission should then focus the remaining three years of its term on oversight and execution of the plan, including allocation of resources necessary to ensure its success.

Certified Community Behavioral Health Clinics (CCBHCs)
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 supports, 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.

Maryland currently has very limited CCBHC coverage, with a few programs funded by federal grants they applied for directly. These programs, however, are seeing similarly positive results. For example, Sheppard Pratt's CCBHC program has reduced hospital stays by nearly 50% and reduced the average per client emergency room visit cost by 80%. The Cornerstone Montgomery CCBHC program has decreased hospitalizations between 28% and 36% in each of the past three years, and emergency department visits were down 20% in 2019, 30% in 2020, and 59% in 2021. Unfortunately, grant funding for these programs is time limited. The establishment of a state CCBHC program pursuant to HB 1148 is necessary to maintain this momentum and build upon this success.

Value-Based Purchasing Pilot
HB 1148 establishes a three-year pilot program to provide intensive care coordination using value-based purchasing (VBP) in the specialty behavioral health system. The pilot will serve at least 500 individuals whose behavioral health needs place them at risk of emergency department utilization or inpatient hospitalization. Pilot providers will be financially incentivized to meet certain outcome measures.

Whereas the current fee-for-service system rewards the volume of services delivered, VBP rewards results. It allows the flexibility, coordination, and creativity necessary to meet the needs of individuals with complex behavioral health disorders.

VBP arrangements are already in use across systems operating in Maryland, including Medicare, the Total Cost of Care (TCOC) model, and Maryland's Primary Care Program (MDPCP). Over twenty state Medicaid programs have begun implementing VBP in the delivery of their public behavioral health services. It makes sense for Maryland to start moving in this direction too.

Telehealth Extensions
HB 1148 extends for another two years the time-limited provisions requiring coverage for audio-only telehealth and telehealth rate reimbursement for providers on par with in-person services.

As Maryland works to tackle a persistent behavioral health workforce shortage and address an increasing demand for quality mental health and substance use services, we must ensure the

tools currently expanding access to care do not lapse. The use of video and audio-only telehealth has proven invaluable in serving those with mental health and substance use disorders who otherwise would have foregone the treatment and support services that help avert the use of higher – and more expensive – levels of care.

Audio-only telehealth is vital. Many Marylanders lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing supports through audio-only telehealth these individuals will face great difficulty in accessing needed behavioral health care.

Likewise, rate parity between services provided through telehealth and those conducted in-person is critically important. The use of telehealth helps behavioral health providers allocate scarce resources to best meet the increased demand for behavioral health care. Allowing lower rates for the use of telehealth in the middle of a behavioral health workforce crisis would jeopardize providers' ability to maintain already stretched staff and likely cause those providers to eliminate telehealth as an option.

For all these reasons, MHAMD supports HB 1148 and urges a favorable report.