



Budget Reconciliation and Financing Act of 2026
Senate Budget and Tax Committee
March 4, 2025

Position: Favorable with Amendments

My name is Cari Guthrie, and I am the President and CEO of Cornerstone. We provide mental health and substance use services in Montgomery, Calvert, Charles and St. Mary's Counties. I am providing this testimony to request that the committee reject the proposal to remove MDH's obligation to apply for the CCBHC demonstration program and extend the deadline for the application to FY29 (p. 42, lines 9-13) and reject the proposed \$20M cuts to the Consortium on Coordinated Community Supports (p. 9, lines 14-15).

I am proud to say that Cornerstone is one of the two original organizations in Maryland to receive a SAMHSA CCBHC expansion grant. In fact, we have successfully received 3 CCBHC expansion grants from SAMHSA so that over 8 years we have been able to position ourselves to be a key partner with the State of Maryland in the implementation of CCBHCs. CCBHCs have changed the way behavioral health services are provided across the country for the last 10 years. The data from States across the country describe financial savings of millions of dollars, increased access to care in the thousands, and recovery success stories in the hundreds. CCBHCs make a difference in the personal lives of people being served and in the financial stability of the organizations providing those services.

Cornerstone has used the 3 SAMHSA grants to focus on one-time expenses, start-up funds to implement new service lines, and funding support for data and technology staffing and services. Since 2018 we have:

- Upgraded our Electronic Medical Record so that we can integrate data collection with CRISP and other outside tracking.
- Expanded our Assertive Community Treatment (ACT) services
- Implemented a smoking cessation program and have seen a significant increase in clients who stopped smoking.
- Expanded access to services by purchasing medical video and audio translation software, provided hardware to our residential and crisis services programs and ensured we have a constant balance of minutes of use, so we can serve any one at any time.
- Expanded our outpatient clinic services to include children and adolescents
- Broadened our capability to successfully treat individuals with substance use disorders with specialized training and dedicated SUD staff
- Engaged in consultation support to prepare ourselves for statewide CCBHC implementation, to improve data collection and analysis, and explore risk-based payment models
- Expanded staffing to include outcomes staff focused on tracking and measuring client outcomes including a Program Director and Data analyst.

Since 2018, the CCBHC model has enabled Cornerstone to expand its services and improve its use of technology. We purchased translation technology which allowed us to expand translation minutes from 904 to almost 15,000 annually. We have delivered over 16,000 minutes of translation in 21 languages for 45 clients. The most frequently accessed languages were ASL, Spanish, and Amharic. We are slowly adding clinic services to children and adolescents ages 12 and up and plan expand further and serve children as young as five. The consultant is helping us prepare for the CCBHC prospective



payment system, improve our daily operations, and expand our data reporting and analysis so that we can meet the CCBHC requirements for cost centered fees, effective and efficient access to care, quality improvement and value-based payments. **In fact, we have been working closely with BHA to structure CCBHC's in Maryland and our first draft cost report will be to them by the end of April.**

We also expanded our integrated health services, providing Certified Nursing Assistant (CNA) and Licensed Practical Nurse (LPN) support from 131 clients to over 200 clients annually. These services are essential in preventing hospitalizations, addressing premature mortality, and improving overall somatic health outcomes. As a result, Cornerstone has achieved a significant reduction in hospital admissions as well as ED usage, ultimately enhancing the well-being of those we serve. We saw an increase in clients who have been able to stop smoking. We also saw improvement in blood pressure numbers.

It is important to note that these critically integrated health services are not reimbursable under the current Medicaid fee-for-service structure. Without sustained funding through the CCBHC Prospective Payment System (PPS) model or authorization to bill for these services, we risk a severe financial shortfall and the loss of substantial public investment—jeopardizing a proven model that has delivered significant returns. The impact on the individuals we serve would be profound: somatic issues would destabilize, hospitalizations would rise sharply, increasing healthcare costs and worsening outcomes for vulnerable individuals. To preserve these life-saving services and protect both public health and financial sustainability, securing dedicated funding is imperative. CCBHCs are designed to enable organizations to provide flexibility, creativity, evidence-based practices that are funded to cover the actual costs of providing the services, giving providers financial stability and sustainability in a way not seen before, and encouraging providers to continue to innovate and adopt best practices to serve the unique needs of their community.

Over the last three years, the number of clients that have received integrated health services from our nursing staff has increased significantly from 131 to over 200. Within two years of our CCBHC implementation, hospitalizations have decreased by 50% and ED visits were reduced by nearly 60% and have remained at this level for more than 5 years.

Consortium funding is vital to the success of mental health support in the school system. In Southern Maryland, Cornerstone provides In-Home Intensive Support services to children ages 5 and up living in Calvert, Charles, and St. Mary's Counties. IHIP-C delivers intensive, in-home behavioral health services to children who are at imminent risk of entering foster care, detention, or residential placement. The program stabilizes crises in real time, strengthens family relationships, and equips both parents and children with the tools to navigate challenges together. By meeting families where they are, both literally and clinically, IHIP-C keeps children safely at home and on a path toward stability and long-term success.

Last year alone, IHIP-C served 31 youth, delivered more than 1,000 services, and responded to over 330 crisis calls. These numbers reflect not only the intensity of need, but the depth of our commitment to walking alongside families during their most difficult moments.

With Consortium funding this year, Cornerstone launched the Enhanced In-Home Support Program to reach youth with private insurance or no insurance who would otherwise fall through the cracks. This



program builds on the proven IHIP-C model while expanding services to include a unique blend of therapeutic intervention and outdoor adventure-based counseling. It serves youth experiencing complex trauma, emotional dysregulation, and behavioral health conditions that place them at high risk for court involvement, hospitalization, or out-of-home placement.

IHIP builds resilience, strengthens communication, and restores trust. Through structured activities and guided reflection in natural settings, youth practice coping strategies and emotional regulation in real-world environments, transforming abstract skills into lived experience. By equipping both youth and caregivers with practical, sustainable tools, these programs disrupt cycles of crisis and conflict. Families learn to de-escalate, communicate effectively, and remain connected during high-stress situations. Consortium funds have made it possible to turn moments of instability into opportunities for growth, ensuring that more children remain safe at home and that families emerge stronger, more confident, and better prepared for the future.

I respectfully urge you to restore the requirement to apply for the CCBHC demonstration in FY26 and to maintain full funding for the Consortium on Coordinated Community Supports.