

**House Bill 935 Health and Health Insurance - Behavioral Health Services - Expansion
(Behavioral Health System Modernization Act)**

Health and Government Operations and Appropriations Committees

March 9, 2022

Position: 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 strong support of HB 935. **This bill is a priority for the Maryland Behavioral Health Coalition.**

The COVID pandemic has exacerbated an already rising need for behavioral health services:

- Nearly 40% of Marylanders reported symptoms of anxiety or depression last year, yet nearly a third of those individuals were unable to get needed counseling or therapy
- Over 45% of Maryland youth aged 12-17 who reported symptoms of depression over the last year did not receive any mental health care
- Nearly 3,000 Marylanders died from a drug overdose last year and another 650 lost their lives to suicide
- Sixteen entire counties in our state have been federally designated as mental health professional shortage areas
- Maryland hospitals continue to treat hundreds of thousands of Marylanders for behavioral health crises

HB 935 can help. The bill includes a variety of reforms and enhancements designed to meet the increasing demand for high quality mental health and substance use care. HB 935 will:

- **Increase comprehensive community-based treatment by expanding Maryland's network of Certified Community Behavioral Health Clinics** (*the bill requires that all counties across the state have access to 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. States that have implemented CCBHCs 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 some CCBHCs, but availability is sparse and grant funding is time limited.

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- **Improve health outcomes and treatment quality by increasing the use of measurement-based care in behavioral health settings and primary care settings** *(the bill requires Medicaid and other health insurers to reimburse for measurement-based care in behavioral health care settings, and it requires Medicaid to reimburse for treatment delivered via the Collaborative Care Model (CoCM) in primary care settings)*

CoCM is a validated, evidence-based approach for integrating physical and behavioral health care in primary care settings. An ongoing CoCM pilot in Maryland Medicaid has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. Commercial health insurers and Medicare are already reimbursing for CoCM in Maryland, but health systems’ inability to bill Medicaid have stifled broader expansion of the model.

- **Strengthen the behavioral health workforce by expanding resources for peer support networks and peer recovery specialists** *(the bill provides guaranteed yearly funding for Maryland’s community peer support network and requires Medicaid and other health insurers to reimburse for services performed in clinical settings by certified peer recovery specialists)*

Peers are an essential component of the behavioral health workforce. They use their own behavioral health experience to assist others in navigating treatment systems and recovery support services. Peer-led support services and programs have shown positive outcomes, both in addressing acute treatment episodes and long-term recovery supports. Maryland recognizes a Certified Peer Recovery Specialist (CPRS) credential, which requires 46 CEU hours across four domains, the completion of 500 practicum hours, 25 hours of supervision on specific topics, recertification every two years, and more. A legislatively mandated workgroup recommended in 2018 that the state begin reimbursing for CPRS services.

- **Improve care for children and youth by increasing the availability of home- and community-based wraparound services** *(the bill takes several steps to improve state programs that were established to deliver high-fidelity wraparound services to children and youth, including expanding eligibility for families with commercial insurance, increasing reimbursement to encourage more provider participation, and requiring a state review and recommendations for expanding eligibility, particularly as relates to children with substance use disorders)*

High-fidelity wraparound is the gold standard for treating youth with behavioral health needs. It offers care coordination and a variety of formal and informal supports that keep youth with intensive behavioral health needs in their homes and out of the hospital. Maryland established two programs to provide high-fidelity wraparound – Targeted Case Management and the 1915(1) program – but they have been underutilized and unsuccessful. Reimbursement is low, which discourages provider participation, training in the model is insufficient, and eligibility criteria is unnecessarily strict.

- **Reduce reliance on law enforcement and emergency departments by ensuring stable reimbursement for crisis response services** *(the bill requires Medicaid and other health insurers to reimburse for behavioral health crisis response services, including crisis call center and hotline services, mobile crisis services, and crisis receiving and stabilization services)*

Crisis response services provide supports necessary to stabilize an individual experiencing a behavioral health emergency and linkages to community resources that can help maintain that stability. Multiple efforts are underway to expand Maryland's crisis response capacity, including an HSCRC-funded project that will spend \$80 million over five years to expand crisis infrastructure in three areas of the state, but sustainability of these expansion efforts will require reliable reimbursement beyond the current grant terms. Existing billing codes offer a clear path to steady and sustainable reimbursement for behavioral health crisis response services

The demand for behavioral health care is at an all-time high. The enhancements in this bill are needed now more than ever. **For this reason, MHAMD urges a favorable report on HB 935.**