



# Sheppard Pratt

Written Testimony

Senate Finance Committee

**SB 362 Certified Community Behavioral Health Clinics – Established**

**February 9, 2023**

**Position: SUPPORT**

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt **support of SB 362 Certified Community Behavioral Health Clinics – Established**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

Sheppard Pratt supports the submission of a State Plan Amendment to CMS to establish Certified Community Behavioral Health Centers (CCBHCs), in accordance with section 223 of the Federal Protecting Access to Medicare Act of 2014.

Outpatient mental health clinics across Maryland have forever struggled to cover their costs to provide effective mental health and addiction services to vulnerable and frequently low-income children and adults. CCBHCs have now been approved in six states through state plan amendments with another five states approved through a federal CCBHC Medicaid demonstration program. Simply put, Maryland is falling behind nationally. These states have shown adherence to a strict set of mental health and addiction services, quality measures, and expanded access to care for their communities. In exchange for adherence to certification rules that hold providers accountable for evidence-base coordinated treatment and programs, CCBHCs receive a bundled payment rate that covers the cost of services.

At Sheppard Pratt, we are now operating a third CCBHC SAMHSA-funded grant in the Baltimore region. As a CCBHC, we are required to serve everyone who walks in the door regardless of insurance or diagnosis, meet timelines for initial appointments, and respond to clients in crisis. Our CCBHC provides nurse care coordination to ensure clients with diabetes and hypertension are followed by primary care. We have case managers to ensure clients are connected to benefits, food, utilities, and transportation. Our CCBHC clients with serious mental illnesses, like schizophrenia, receive required CCBHC services such as clinical assessments, medication, therapy, crisis intervention, health education, peer support, psychiatric rehabilitation, primary care health screening and monitoring, and substance abuse treatment including treatment for opioid use disorder. We provide mental health care for veterans. We have formal partnerships with community organizations to provide primary care, mobile crisis, and targeted case management. At our Baltimore City location, we offer walk-in same day services, and we are working to grow connections and referrals from the criminal justice system. The services provided at CCBHCs cover the entire person.



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With the CCBHC grant we have been able to hire staff who we would never have been hired without the additional funding. These staff include nurses, case managers, additional evening psychiatric providers, peers, and a patient engagement specialist who tracks down patients who have disengaged with treatment.

A year ago, during the legislative session, a CCBHC expansion bill was not passed largely due to the significant fiscal note attached. We believe that fiscal note needs analysis and transparency. The CCBHC funding model is intended to replace the current Medicaid fee-for-service system of payment, not be added to the current Medicaid fee for service payment system. Our data, although limited to the three grants, coupled with national data show actual hospitalization costs drop when providing CCBHC services with a bundled rate. By providing high quality and "high touch" services, CCBHCs can be part of the solution to reduce overall expensive Medicaid hospitalization costs.

Sheppard Pratt ran a small sample study of our CCBHC clients who were identified as "high users of emergency departments". Our goal was to look at hospitalization use and cost before and after the clients were enrolled in our CCBHC. All data were extracted from Maryland's CRISP database on 26 enrolled clients. Prior to CCBHC enrollment, the range of hospitalization days ranged from 1 to 90 days with a 4.9 mean number of days in the hospital. After six months of CCBHC services, the range of days hospitalized dropped to between 1 and 13 days and the mean number of days hospitalized decreased to 2.09 days. Significantly, the average cost for the total visits per patient decreased from \$36,387.43 to \$6,421.59.

The data nationally is a telling story for the success of CCBHCs:

- New York saw a 55 percent drop in all-cause hospital readmissions after one year. Overall behavioral health inpatient services in NY show a 20 percent decrease in monthly costs, and behavioral health emergency department costs decreased 26 percent.
- In Oklahoma, inpatient hospitalizations among adults at any psychiatric hospital was reduced by 93.1 percent. The decreases in hospitalizations from 2016 to 2021 produced a \$62 million dollar cost savings.
- Missouri saw hospitalizations drop 20 percent after three years, and emergency department visits dropped 16 percent. The state saw \$15.4 million dollars in savings which equated to \$483.67 savings per CCBHC client.

We encourage Maryland to pursue a State Plan Amendment and to allow Maryland to provide high quality, comprehensive care, and to track outcome and cost data on overall hospitalization and incarceration costs for individuals with mental health and substance abuse disorders. Marylanders (both adults and children) with mental health and substance use concerns and our behavioral health workforce deserve an effective, adequately funded model of care that has been proven to be cost effective around the country.

Sheppard Pratt urges you to vote a favorable report on **SB 362 Certified Community Behavioral Health Clinics – Established.**



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## **About Sheppard Pratt**

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.