



October 11, 2022

The Honorable David Brinkley
Department of Budget and Management
45 Calvert Street
Annapolis, MD 21401

Dear Secretary Brinkley:

I am writing on behalf of the 70+ organizational members of the [Maryland Behavioral Health Coalition](#) with an urgent request. The Behavioral Health Coalition includes consumer and family advocacy organizations, peer-led groups, community behavioral health providers, professional associations, hospitals, health systems and more.

Passage of the federal [Bipartisan Safer Communities Act](#) has made available \$40 million for planning grants and technical assistance to states interested in implementing Certified Community Behavioral Health Clinics (CCBHCs). The legislation also includes four years of enhanced Medicaid match for CCBHC services. These planning grants are expected to be released this month and applications are due this December.

We are respectfully asking for your support in urging the Maryland Department of Health (MDH) to submit a grant application. Maryland, like other states, is experiencing a behavioral health crisis. From calendar year 2020 – 2021 our state saw a 46% increase in children accessing hospital emergency departments for suicide attempts. In 2021, the US had the highest level of fatal drug overdoses in history, a trend unfortunately reflected in Maryland. Our behavioral health system was struggling prior to the pandemic, but the impact of isolation, job loss, grief, and despair resulting from the pandemic have thrown us into a public health emergency requiring an immediate and effective response.

CCBHCs are that needed response. Data from other states that have implemented the model (see attachment) have shown increased access to behavioral health services, reduced utilization of emergency departments and inpatient care, increased uptake of medication-assisted treatment for opioid use disorders, and costs savings as the service locus shifts from higher cost settings to preventive care in the community. The CCBHC model holds providers accountable for achieving outcomes prioritized by the state while giving providers the flexibility and resources needed to meet those outcomes.

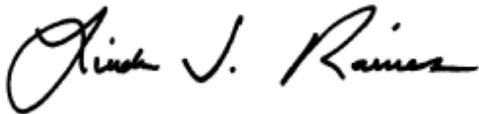
This concept is not new to somatic health. Maryland's network of federally qualified health centers (FQHCs) has long provided comprehensive healthcare to those in need, regardless of their insurance status or ability to pay. CCBHCs are based on the FQHC model of providing timely, high-quality, comprehensive and coordinated care.

We now have five – soon to be six – CCBHCs operating in Maryland thanks to federal grants. However, there is no long-term sustainability plan in the works. It would be shameful to lose the momentum and positive outcomes already being generated by these grantees simply because we failed to avail ourselves of federal funds and the opportunity to build on existing success.

We hope you agree that our state must take immediate and assertive action to address the behavioral crisis now facing us. **Please urge MDH to apply for a CCBHC planning grant**, and please let us know whether you would like to schedule a meeting – virtually or in person – to discuss this opportunity in greater detail.

Thank you for your attention and consideration.

Sincerely,

A handwritten signature in black ink that reads "Linda J. Raines". The signature is written in a cursive, flowing style.

Linda J. Raines
Chair, Maryland Behavioral Health Coalition

CCBHC Implementation Data¹

Missouri

- Hospitalizations dropped 20% after 3 years, emergency department visits dropped 36%
- Overall access to behavioral health services increased 23% in 3 years, with veteran services increasing 19%
- In 1 year, 20% decrease in cholesterol; 1.48-point Hgb A1c decrease
- Justice involvement with behavioral health populations decreased 55% in 1 year
 - Between January of 2017 to December of 2021, CCBHC providers received 70,909 referrals from law enforcement to their clinics

New York

- Hospital readmissions dropped 55% after year 1
- Behavioral health inpatient services show a 27% decrease in monthly cost
- Behavioral health emergency department services show a 26% decrease in monthly cost
- Inpatient health services decreased 20% in monthly cost
- Emergency department health services decreased 30% in monthly cost
- 21% increase in behavioral health services for children and youth
- For CCBHC clients in demonstration year one, the decrease in monthly inpatient hospitalization costs and monthly emergency room costs (over 25%) resulted in monthly cost savings of over \$1 million from decreased hospitalizations and nearly \$100,000 from decreased emergency room visits²

Oklahoma

- Inpatient psychiatric hospitalizations decreased by approximately 1,400 days for CCBHC clients after 6 months of CCBHC services. Primarily through a reduction in psychiatric inpatient hospitalizations and crisis intervention, the CCBHC model resulted in annual savings of over \$2 million compared with the Community Mental Health Center model³

¹ National Council for Mental Wellbeing. CCBHC Learning Collaborative for State Government Officials. (Feb. 2022)

² <https://www.gao.gov/assets/gao-21-104466.pdf>

³ <https://www.gao.gov/assets/gao-21-104466.pdf>

CCBHC Expansion Grantees (Nationwide)⁴

- Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of March 2022, clients have a 72% reduction in hospitalization and a 69% reduction in emergency department visits.
- 12% had an increase in employment or started going to school, and a 25% saw an increase in mental health functioning in everyday life.

⁴ <https://www.samhsa.gov/sites/default/files/samhsa-fy-2023-cj.pdf>