Mid-Shore Behavioral Health Coalition
2016 Legislative Priorities

- **WRAPAROUND SERVICES**

Wraparound is a research-based practice model shown to produce better outcomes and reduce costs by serving children and youth with severe mental health problems in their homes and communities, instead of in expensive out-of-home placements. For over a decade Maryland has supported families of children with severe mental health problems by providing high fidelity Wraparound with an array of auxiliary services, regardless of a family's insurance status or income. Services were funded through a variety of sources, including SAMHSA's System of Care grants, Rural CARES (Eastern Shore) and MD CARES (Baltimore City), as well as the state's Stability and Safety initiatives. The federal System of Care grants have ended, and the Governor's Office for Children closed the door on new enrolments into the Stability and Safety initiatives effective October 1, 2015. Through a Medicaid State Plan Amendment, two new benefits for children with serious emotional disabilities have been instituted: Mental Health Case Management (also known as Targeted Case Management or TCM) and the 1915(i). TCM has three levels of intensity of services, with level III being the most intensive.

TCM and the 1915(i) are only available to youth who are on Medicaid. Moreover, in order to be eligible for the 1915(i), a child must meet the medical necessity criteria for TCM level III, and their family must make below 151% of the Federal Poverty Line.

The services provided under TCM levels I – III differ from those provided through the Systems of Care grants and the Stability and Safety Initiatives. Care coordination and child and family team meetings are both components of TCM, but at reduced levels of intensity. Moreover, the array of auxiliary services that had been available to families are not provided under TCM. These include intensive in-home services, family peer support services, respite care, and 24/7 mobile crisis response services. The bar for meeting the medical necessity criteria to receive level III TCM services is quite high – in order to be eligible, youth over the age of 12 typically must have had three inpatient hospitalizations in the last year or have been in a residential treatment center in the past 90 days.

The 1915(i) offers to youth and families high-fidelity Wraparound with an array of auxiliary services. However, the medical necessity criteria is very high and the income threshold is very low. The 1915(i) is being slowly rolled out across the state. Mid-Shore Mental Health Systems is working diligently to ensure the 1915(i) is open in the mid-shore region as quickly as possible.

In conclusion, families who are not on Medicaid are no longer eligible for services. Families who are on Medicaid, but make over 150% of the Federal Poverty Line are only eligible to received TCM, and in order to receive the most intensive level of TCM, level III, their child must already be extremely ill. Finally, families who are on Medicaid, and who make below 151% of the Federal Poverty Line, may be eligible for high-fidelity Wraparound with an array of auxiliary services if their child is already extremely ill and if the 1915(i) is open in their jurisdiction.

We believe that all Maryland families should have access to intensive resources and supports that would allow their children to remain in their homes and communities. We are concerned that since high-fidelity Wraparound with an array of auxiliary services is now only available to a small population of youth, there will be an increase in out-of-home placements such as group homes or residential treatment centers. These are costly alternatives that are usually less effective than treatment in the home. There is a need for state funding to re-establish programs that have been lost.

Additionally, COMAR 10.21.16.13 requires mental health fee for service providers submit a Program Request for Discontinuation of Operations. According to the regulation, "If a program intends to discontinue operation, the program director shall, no less than 60 calendar days before the program intends to discontinue operation, submit to the Department's approval unit, the Administration, and the lead CSA its written plan for doing so that includes a cessation of operations date, and the transitioning individuals within its program to other mental health services."

The Coalition recommends that all state departments be held to similar requirements when discontinuation of statewide grant-based program operations like Wraparound occurs to ensure that segments of Maryland's population do not go un- or under-served.

Contact Erica Horney at ehorney@msmhs.org for more information.

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- **CREDENTIALING AND LICENSING LIMITATIONS**

Community members with Private Insurance such as United Health Care, Cigna, and Blue Cross and Blue Shield are forced to sit on waitlists rather than be seen by newly hired LCSW-C staff. United Health Care reports that we have reached our "cap" for the region and the only way to credential someone with their insurance company is to remove another clinical team member who is already credentialed. Cigna is not accepting any new clinical team members and the Blue Cross and Blue Shield's wait time, that is supposed to be 90 days, has taken up to 6 months as of late to get a clinical team member credentialed. This is reducing access for community members and is an unproductive use of staff time when calls have to be made repeatedly to check on the credentialing status of the clinical team member.

The professional counselor board turnaround time for licensure has been as long as 3 months to get a graduate licensed. This delay in licensure forces agencies to "find other jobs" or find funding for these skilled team members until they can be added to the clinical team. The financial burden and the reduced access to services for the community as a result of the delay is counterproductive to the business of serving people.

Eastern Shore Providers would like our legislators to advocate for increased provider capacity and for increased turnaround time for credentialing and licensing.

- **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)**

The Excellence in Mental Healthcare Act created planning grants for 25 States to create Certified Community Behavioral Health Clinics (CCBHC). These clinics will have a full spectrum of integrated services to meet all of the mental health and substance use needs of a community and to integrate those services with somatic health. It has been proven that 10% of those with chronic conditions have multiple problems in some combination of physical health, mental health, and substance use. This group consumes up to 50% of our Healthcare dollars and receives less than optimum care because of lack of integrated care for their co-occurring conditions.

CCBHCs are being created to provide assessment and interventions to meet all of a person's health needs in these arenas by providers working together and measuring the outcomes of care. Maryland received a Planning Grant for one rural and one urban CCBHC. The Mid-Shore Region is a HRSA designated rural and underserved area. Yet, Frederick County is being considered by BHA to be designated as Maryland's rural CCBHC instead of the Eastern Shore.

Eastern Shore Providers and consumers would like our legislators to advocate that the Mid-Shore Region of the Eastern Shore of Maryland to be designated as Maryland's rural CCBHC.

- **REIMBURSEMENT RATES**

The Behavioral Health Coalition is requesting legislative support for increased reimbursement for both substance use and mental health disorders. The Governor's Heroin & Opioid Emergency Task Force Final Report noted on page 18, "despite efforts to provide rate increases for substance use disorder providers to account for the increased cost to deliver care, the State budget has not included a substantial (or adequate) rate increase for over 10 years." Adequate rates are even more important now with the shift away from services funded by grants to a reliance upon rate reimbursement by public and private programs.

The Coalition asks for support for an annual cost of living increase and rate adjustments for both substance use and mental health services to achieve parity with somatic health and developmental services.

Adequate payment rates are necessary to improve access to treatment services, ensure high quality treatment, and improve the workforce shortage. Expanded capacity is critical during this heroin epidemic, the shortage of psychiatrists, and small number of physicians taking Medicaid reimbursement for those needing medication assisted treatment with Suboxone and Vivitrol.

The State has been working on the integration of substance use and mental health services which has the potential of increasing the mental health treatment needed by many of the substance use clients. However, these clients actually receiving treatment in a timely manner is jeopardized by the shortage of medical staff who prescribe medications for mental health disorders.

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- **AFFORDABILITY FOR THE UNDERINSURED**

The underinsured are consumers who have insurance but have large deductibles and co-pays that hinder receiving treatment. This also includes adult children on their parent's plan. As we move to a full privatized system, consumers are being denied care due to owing co-pays/deductibles. Hospitals are seeing patients coming in for treatment because they cannot be denied care for lack of money to pay. Patients are being told by private providers they must reconcile their bill in order to make additional appointments. This is the unintended consequence of a fully privatized system. Substance use disorder patients are not able to use their rehabilitation benefits because they cannot afford the large deductible for inpatient care.

<u>Do Not</u> remove gap funding. A safety net of care is needed as insured patients are not receiving adequate care due to expensive insurance plans with large deductibles and co-pays. This needs to be addressed, especially as health departments become privatized.

- **WORKFORCE DEVELOPMENT**

The Mid Shore 5 county region is designated as underserved on a state and federal level, per HRSA. This allows for certain privileges, such as telehealth. It also may allow for some states to apply the State Loan Repayment Program to specific professions. Currently Maryland has a State Loan Repayment Program (SLRP), but only Physicians and Physician Assistants are eligible.

It is recommended, that if licensed mental health professionals are added to this list (i.e. LCSW-C), then we may be able to broaden our work force, thereby increasing the availability of employees to meet the needs of these programs.

- **ACCESS TO CRISIS SERVICES**

Additionally, the Mid-Shore Behavioral Health Coalition also supports the Maryland Behavioral Health Coalition's priority to: *Support access to crisis services on demand by enacting legislation establishing walk-in and mobile crisis capacity in every jurisdiction, ensuring that 24/7 walk-in crisis capacity and mobile crisis services are available in every jurisdiction statewide.*

On the Shore, we are blessed to have the framework of a robust crisis response system, but it is by no means complete. We don't have a crisis team in every county. We don't have walk-in urgent care appointments. The current work of Affiliated Santé Group's Mobile Crisis Teams shows the savings actualized with the resources they currently have.

According to the healthcare blue book, which rates emergency room visits on a scale of 1-5, an average psychiatric emergency room visit would be a level 3 visit, which is $2,189.

- $1,996,368 is the savings ASG helped achieve with its 912 diversions in FY15.
- $4,443,670 is the savings ASG helped achieve with its 2,030 diversions, from FY13-FY15.
- If ASG counted all 5,065 dispatches as diversions, as done previously, the total savings would be $11,087,285 from FY13 -FY15.
- The savings would be even higher if any of the individuals served were admitted to an inpatient unit from the emergency room.

With additional investment, crisis teams on the Eastern Shore can better help and support those in crisis, while saving more money in the long run.

The Mid-Shore Behavioral Health Coalition is a partnership between mental health and substance use disorder agencies including Affiliated Santé Group – Mobile Crisis Teams, Channel Marker, Inc., Chesapeake Voyagers, Inc., Corsica River Mental Health Services & Crossroads Community, Inc., Eastern Shore Psychological Services, For All Seasons, Inc., Maryland Coalition of Families for Children's Mental Health, Mental Health Association in Talbot County, Mid-Shore Mental Health Systems, Inc., Talbot County Addictions Program, University of Maryland Medical System – Recovery For Shore

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