RESTORE CCBHCS IN THE BFRA



During the 2023 legislative session, the General Assembly passed legislation requiring the Moore Administration to apply for a CCBHC planning grant and, regardless of the planning grant status, to apply for the CCBHC demonstration program in FY2027. See <u>SB362</u>, <u>SB582/HB1148</u>. The Maryland Department of Health applied for a CCBHC planning grant, which was awarded on January 3, 2025. Shortly afterward, Governor Moore proposed his **Budget Reconciliation and Financing Act (BRFA)**, which included language deleting MDH's obligation to pursue CCBHC planning and the FY2027 demonstration program.

The Certified Community Behavioral Health Clinic (CCBHC) model is delivering the resources our nation needs to transform our communities' access to care for mental health and substance use challenges. CCBHCs are clinics that receive flexible funding to provide expanded access to comprehensive, high-quality mental health and substance use services.

WHAT WE NEED

Restore the BRFA obligation to:

- 1. Pursue CCBHC planning grant this year and
- 2. Apply for a demonstration program next fiscal year.

CCBHC REQUIRED SERVICES

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WHAT IS A CCBHC?

Certified Community Behavioral Health Clinics (CCBHCs) are 24-hour clinics that address the comprehensive behavioral health needs of children and adults. They differ from typical behavioral health services because they:

- Offer immediate access to care with same-day access and stronger crisis care requirements
- See patients regardless of insurance status so individuals who lack insurance or have unaffordable copays can receive services
- Offer comprehensive services with an array of 9 different types of services required to be delivered to both adults & children

WHAT'S THE VALUE OF THE CCBHC MODEL?

Hospital savings: New York saw a 61% decrease in clients using hospital inpatient services & a 54% decrease in allcause readmissions. Maryland's CCBHC grantees perform significantly better than the national average in providing 7-day follow-up appointments after hospital discharge.

7-Day Follow-Up	NCQA Medicaid	MD CCBHC
Emergency Dept.	41.5%	52.4%
Inpatient	36.6%	59%

WHERE ARE MARYLAND'S CCBHC GRANTEES?

Baltimore City: Gaudenzia and Sheppard Pratt Baltimore County: Sheppard Pratt Montgomery County: Cornerstone Montgomery Prince George's County: Volunteers of America Anne Arundel County: Arundel Lodge (former) Wicomico County: HealthPort

THE IMPACT OF CCBHCS IN MD



The following data was collected from Maryland's CCBHCs as part of the National Council for Mental Wellbeing's 2024 CCBHC Impact Survey. Maryland's CCBHCs have been successful in:



EXPANDING TIMELY ACCESS TO CARE

CCBHCs in Maryland serve over 7,800 people, representing a nearly 36% increase since prior to becoming a CCBHC. The most commonly reported client increases were among Medicaid-only enrollees, children/youth, and veterans or members of the military.

SERVING CHILDREN, YOUTH, AND FAMILIES

100% of CCBHCs in Maryland reported an increase in children and youth served.

EXPANDING ACCESS TO SUBSTANCE USE CARE

Approximately 67% of CCBHCs in Maryland reported and increase in the number of individuals engage in medication Assisted Treatment (MAT) for Opioid Use Disorder (MOUD).

MAKING CRISIS SERVICES AND SUPPORTS AVAILABLE TO ALL

Becoming a CCBHC in Maryland, approximately 25% were able to add mobile crisis response, crisis stabilization, and/or crisis call line, and 50% established collaborative activities with the 988 Suicide and Crisis Lifeline.

INVESTING IN THE WORKFORCE

The CCBHCs model is alleviating the impact of the workforce shortage by enabling clinics to increase hiring. Approximately 75% of CCBHCs in the state have either hired or transitioned staff and/or created new positions.

3 million

people are currently being served by CCBHCs in the U.S.

80%

of CCBHCs offer one or more forms of medication-assisted treatment (MAT) for opioid use disorder.

811,292

new staff positions were hired by CCBHCs (median of 15 per clinic).

83%

of CCBHCs provide services on-site in one or more schools, childcare or other youth-serving settings.