

CBH

Hospital Throughput Workgroup

Community Behavioral Health Association of Maryland

July 27, 2023



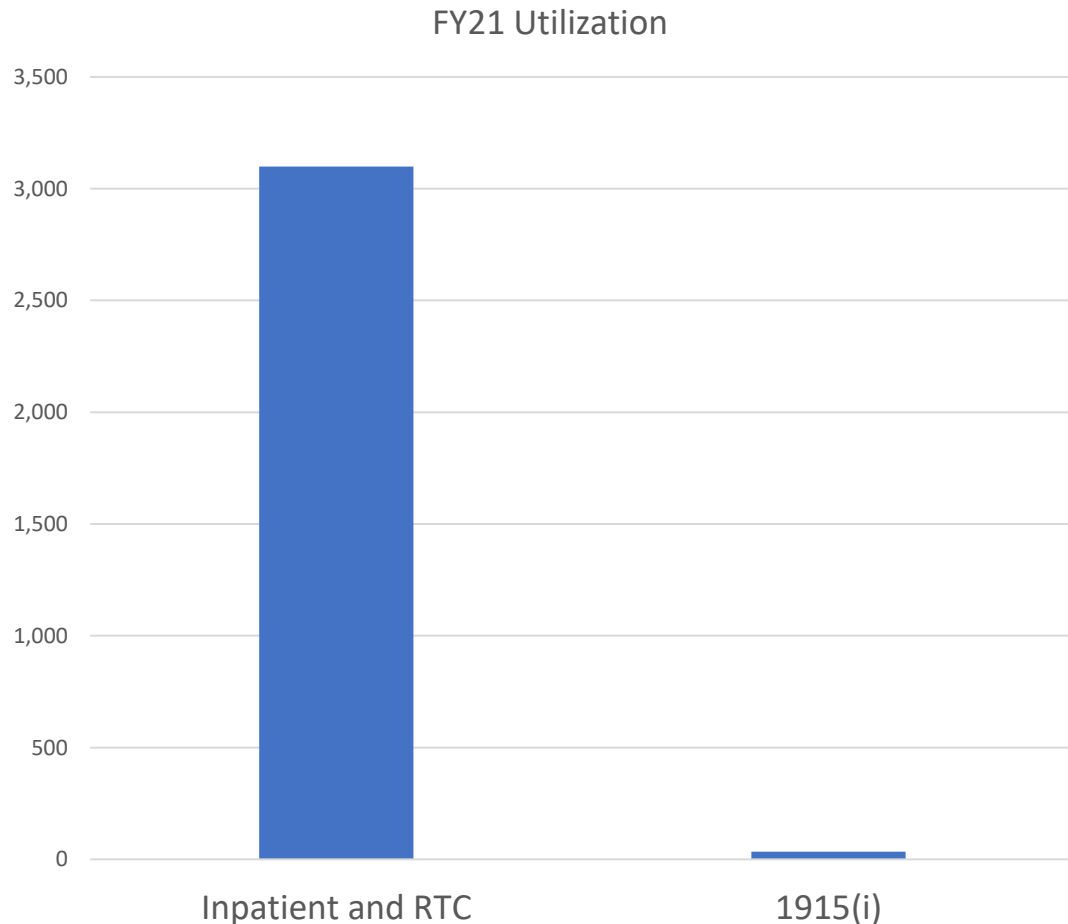
Overview of CBH

- 89 provider organizations
- Primarily serve Medicaid, Medicare, duals
- Provide a full continuum of community-based MH and SUD services/supports
 - Outpatient Clinics
 - Psychiatric Rehabilitation
 - Case Management
 - Residential Crisis Beds
 - Residential Rehab Programs & Supported Housing
 - Health Homes

Behavioral Health Impact on EDs/Throughput

- MD Hospital Association data – ED utilization rose by 12% for those with behavioral health conditions while utilization for all other conditions dropped by 11% (2016-2021)
- MEIMSS Data – Those with behavioral health conditions accounted for 25% of ED boarders but 68% of ED boarding time (Nov. 2021)
- HSCRC data indicates that behavioral health is overrepresented for those utilizing EDs 4 or more times/year
- Data clearly indicate a front door (preventable utilization of EDs) and a back door (no clear referral path) problem
- Need to rebalance the system from a focus on hospital beds and crisis care to “primary” behavioral health

Children's Services | Mental Health Capacity



- Pre-pandemic, Maryland's rate of private psychiatric inpatient utilization was 67% higher than the national average.
- Since the pandemic, use of OP mental health services by Medicaid-insured children decreased by 10%, while use of specialty services [psych rehab, TCM, 1915(i)] for more acute needs decreased by 28%.
- In FY2021, **100x more children used inpatient and RTC levels of care than were diverted** from these levels of care with the 1915(i) program.
- The reduced capacity in lower levels of care put **upward pressure** on the continuum of mental health services.

Source: SAMHSA, [Mental Health: National Outcome Measures \(NOMS\): Maryland 2019](#); Dept. of Legislative Services, [FY23 Budget Analysis](#), pp. 8-12.

Innovative Approaches

- Implement Certified Community Behavioral Health Clinics (CCBHCs)
 - Based on FQHC model of comprehensive care but with a BH focus
 - New York – all cause hospital readmissions dropped 55% after 1 year
Monthly BH ED costs declined by 26%; overall monthly ED costs declined by 30%
 - Missouri – hospitalizations dropped 20% over three years; ED visits dropped 36%
 - Oklahoma – Adult inpatient hospitalizations at psychiatric facilities reduced by 93%
 - SB 362/HB 1148 – MDH to apply for planning grant in 2024; demonstration status in 2025 – MD could go directly to demonstration status
- Value-based Purchasing Pilot
 - Move system from incentivizing volume to incentivizing results
 - Introduce flexibility to meet client needs not currently allowed under FFS
 - SB 581/HB 1148 – creates a 3-year pilot on VBP (HB322/SB255 VBP pilot for kids)
- Provider Network
 - Statewide approach to managing the care of high cost/high risk individuals with BH needs

Provider Network Outcomes

- CRISP Pre/Post analysis of 304 individuals with SMI
 - Based on claims data
 - Compared costs pre/post at 1, 3, 6, and 12 months
 - Reduction in Total Charges:
 - 1 month = \$672.89
 - 3 months = \$987.94
 - 6 months = \$966.50
 - 12 months = \$1,072.08
 - The majority of the savings were attributed to reduced hospital costs
 - Psych readmission rate of 1% for 728 individuals with SMI (CY22)
 - High risk of suicidality (1,205) in April; 871 moved to low risk by May

Words of Wisdom

“The people who could and should be in care don’t get it until they’re very ill and they’re in an emergency room. Whenever you have a crisis, it’s because you failed in some way upstream.”

- *Healing: Our Path from Mental Illness to Mental Health* by Thomas Insel, former director of the National Institute for Mental Health