Dear Secretary Schrader,

We write with good news. Earlier this year, President Biden signed the Bipartisan Safer Communities Act into law. The legislation included a nationwide expansion of the Medicaid Certified Community Behavioral Health Clinic (CCBHC) demonstration, which provides access to comprehensive mental health and substance use care. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a Notice of Funding Opportunity (NOFO) inviting states to apply for fiscal year 2023 Cooperative Agreements for CCBHC Planning Grants (NOFO Number SM-23-015). Given that the application deadline is December 19, 2022, and the next opportunity to participate in the demonstration will not be until 2026, we urge the Maryland Department of Health (MDH) to pursue this significant federal grant opportunity in order to allow the incoming administration maximum flexibility to determine whether participation is appropriate for the state.

The COVID-19 pandemic worsened our state's mental health and substance use crises, as is demonstrated by our emergency room (ER) boarding statistics. According to data from the Centers for Medicare & Medicaid Services (CMS), Maryland is experiencing the longest ER waiting times of any state in the nation.\(^1\) Moreover, an analysis by the Maryland Institute for Emergency Medical Services Systems found that while behavioral health patients account for 25% of ER admissions, these individuals account for nearly 70% of all hospital "ER boarding" days statewide.\(^2\)

By contrast, available evidence shows that Medicaid-financed CCBHCs expand access to intensive, coordinated community-based mental health and substance use services. For example, a recent National Council for Mental Wellbeing survey showed that CCBHCs nationwide served more than 2.1 million Americans with serious mental health and substance use disorders. Nearly 80% of participating organizations have increased their caseloads since becoming CCBHCs, serving a total of nearly 180,000 new clients.\(^3\) CCBHCs must provide 24/7 crisis services, and 82% of CCBHCs offer one or more forms of Medication Assisted Treatment (MAT) for persons with opioid use disorder (OUD) – with many offering same-day access to these lifesaving medications.\(^4\) Individual states like Oklahoma report that the CCBHC model produced a 21% reduction in the use of psychiatric inpatient beds and a 14% reduction in

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2. [https://www.youtube.com/watch?v=IC_cSw-Bkxo](https://www.youtube.com/watch?v=IC_cSw-Bkxo) (Maryland Health Care Commission - January 2022 Meeting)
4. Ibid.
We are convinced that **Marylanders who have serious mental health and substance use disorders would benefit from our state participating in the Medicaid CCBHC Demonstration Program**. Maryland is well-positioned to participate in the nationwide expansion of the Medicaid CCBHC demonstration authorized in the Bipartisan Safer Communities Act, because our state is already served by five CCBHC Expansion grantees funded through SAMHSA. However, the current grantees do not benefit from the enhanced, flexible Medicaid funding that would become available through the demonstration.

We respectfully encourage MDH to submit an application to the NOFO to give the next administration flexibility to take advantage of this remarkable opportunity to improve the lives of Marylanders experiencing serious mental health and substance use disorders.

Thank you for your attention to this timely and important matter.

Very Truly Yours,

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Jamie Raskin  
Member of Congress

Benjamin L. Cardin  
United States Senator

Chris Van Hollen  
United States Senator

Steny H. Hoyer  
Member of Congress

David J. Trone  
Member of Congress

Anthony G. Brown  
Member of Congress

Kweisi Mfume  
Member of Congress

C. A. Dutch Ruppersberger  
Member of Congress

John P. Sarbanes  
Member of Congress

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