

Maryland's Behavioral Health Crisis

Issue Brief | September 2021



According to Mental Health America's annual ranking of the states, **Maryland ranks fourth in the country** for the strength of its behavioral health system, **but recent headlines reveal that the pandemic has caused unprecedented strain, threatening provider capacity**

Overdose deaths jump in Maryland, likely due to coronavirus pandemic, health officials say

Increased Wait Times in Providing Court-Ordered Substance Abuse Treatment

Covid-19 Story Tip: Racial Divide: Maryland Suicides During the Pandemic Halved in Whites, Doubled in Blacks

Baltimore's crisis hotline says 100% spike in calls has remained steady

As coronavirus pandemic wanes down, demand for psychiatric beds in Maryland remains stubbornly high

MARYLAND

Mental health symptoms double in children and teens, amid the pandemic

Immediate action to stabilize, strengthen, and right-size Maryland's behavioral health system is needed.

stabilize Hold Optum — the state vendor responsible for managing claims for Medicaid-funded behavioral health services—accountable for effective claims processing.

In July 2019, Optum was selected as the state's vendor to manage authorizations and pay claims for publicly-funded mental health and addiction treatment. After going live in January 2020, Optum's system demonstrated it was not capable of claims processing. For an 8-month period, Optum paid providers based on historic estimates. Optum re-launched claims processing in August 2020, despite known lack of necessary functioning.

Optum has not proven capable of reconciling estimated payment nor effectively processing current claims. Its claims processing vendor must be replaced.

Learn more: <http://mdcbh.org/public-policy>

strengthen Build a lasting foundation for accessing a complete continuum of care through state-wide adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

Crisis services are an important component of the behavioral health system but should not take the place of day-to-day treatment and support services that can avert crises. Maryland must adequately resource the full continuum of community-based mental health and addiction treatments so that crisis care is used only when necessary and so individuals have services to be referred to post-crisis. Maryland should adopt the CCBHC model that requires and incorporates crisis services and a broad range of treatment and support options for those with behavioral health needs.

Read our [factsheet on CCBHCs in Maryland](#) or learn more: <https://www.thenationalcouncil.org/ccbh-success-center/>

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When the front door isn't wide open, the whole system jams.

Despite generally strong access to care, Maryland's behavioral health system does not make care available where and when needed for many children.

Without sufficient capacity for clinical care in outpatient settings, children needing psychiatric care end up in avoidable hospitalizations or other non-community settings. Recent reports have identified overuse of hospital

emergency departments, unnecessary hospitalizations, and avoidable out-of-home placements.

These problems require urgency to address. The COVID-19 pandemic has doubled the incidence of mental health need among children, making it more important than ever that Maryland ensure that appropriate services for children are available on demand.

Currently, funding and policy limitations restrict the community system's ability to provide same-day access and specialized/intensive services in the capacity needed across Maryland. By moving from a fee-for-service to a prospective payment model like CCBHCs, local clinics will have the flexibility to develop specialties in the capacity needed in their areas.

90 days average wait time for child therapy.

54 days average wait time for Residential Treatment Center (RTC) placement.

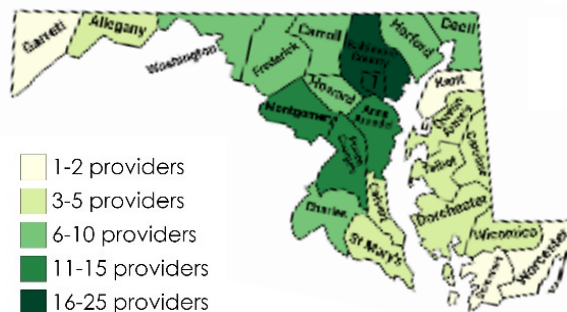
18 days average time foster children hospitalized when no longer necessary while waiting for appropriate community treatment.

Right-size the children's continuum of care Maryland needs to ensure appropriate services for children are available where and when needed. A CCBHC model with focus on specialty capacity can fill critical gaps in the children's system of care.

About Us

The Community Behavioral Health Association of Maryland (CBH) seeks to improve the quality of behavioral health care and access to treatment.

We represent 90 organizations providing mental health and addiction treatment to Maryland residents. Our members encompass over 810 service sites, 180,000 individuals served and 13,000 employees.



learn more For details on CBH priorities, contact Shannon Hall at shannon@mdcbh.org.

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