



MARYLAND BEHAVIORAL HEALTH COALITION

# 2021 KEEP THE DOOR OPEN AGENDA

As Maryland continues working to respond to the death and disruption caused by the coronavirus, the state must also grapple with a corresponding increase in COVID-19-related mental health and substance use disorders. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic<sup>1</sup>, and state crisis hotlines are receiving a startling increase in calls from individuals at risk for suicide<sup>2</sup>. Drug-and-alcohol-related deaths jumped by more than 18% in the second quarter of 2020 as compared to the same period a year earlier, including a 30% increase in opioid-related deaths<sup>3</sup>.

And as with COVID-19, this behavioral health crisis will disproportionately affect Black and Hispanic individuals, older adults, lower socioeconomic groups of all races and ethnicities, and health care workers<sup>4</sup>. In June, the Centers for Disease Control and Prevention (CDC) found significantly higher suicide risk among racial/ethnic minority groups, unpaid caregivers for adults, and essential workers<sup>5</sup>.

This parallel pandemic, coupled with a looming and potentially long-term state budget crisis, is poised to have a devastating impact on families across Maryland. Meeting the challenge will require a comprehensive strategy, smart investment and efficient use of resources. Accordingly, the Maryland Behavioral Health Coalition calls on our elected officials and agency leaders to take the following actions in 2021:

## ■ INVEST EQUITABLY IN THE BRAIN AND THE BODY.

People with mental health and substance use disorders drive high health care costs, yet less than 5% of total health care spending is directed toward behavioral health treatment<sup>6</sup>. Maryland has taken steps in recent years to address this longstanding inequity through a series of statutory provider rate increases, but a dire budget situation is threatening to reduce or eliminate those gains. At this time of increasing demand, any divestment in community behavioral health services would be counterproductive and harmful, both budgetarily and in human costs. **We must preserve FY21 and FY22 budget commitments to prevent a reduction in access to mental health and substance use treatment.**

## ■ INVEST SMARTLY TO ENSURE QUALITY CARE.

Rising demand for behavioral health treatment and decreasing state revenues require greater creativity in how Maryland pays for and delivers public mental health and substance use disorder services. A movement toward value-based, outcome-focused service delivery in the state's public behavioral health system will improve care quality and cost predictability at this critical moment. **We must take steps to expand value-based payment methodologies, implement uniform systemwide measurement-based care standards, and increase provider flexibility to ensure a more patient-centered system of care.**

## ■ ADDRESS RACIAL INEQUITIES IN THE DELIVERY OF BEHAVIORAL HEALTH CARE.

Racial and ethnic minorities have less access to behavioral health services than White people, are less likely to receive needed care, and are more likely to receive poor-quality care when they are treated<sup>7</sup>. Troublingly, although this results in a disparate criminalization of minorities with behavioral health disorders, incarcerated people of color are less likely to be identified as having a behavioral health disorder<sup>8</sup> and less likely to receive treatment<sup>9</sup>. **We must identify and address system failures and structural issues that result in racial and ethnic minorities with behavioral health disorders being more likely than their white counterparts to be channeled into the criminal justice system versus treatment programming.**

<sup>1</sup> <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

<sup>2</sup> <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjdfc2jib4vab7o3v4g7q25a-story.html>

<sup>3</sup> <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2020/09/Second-Quarter-OCCC-Report-2020-Master-Copy-9-21-20-Update.pdf>

<sup>4</sup> Simon NM, Saxe GN, Marmar CR. Mental Health Disorders Related to COVID-19-Related Deaths. *JAMA*. 2020;324(15):1493-1494.

<sup>5</sup> Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:1049–1057.

<sup>6</sup> Davenport S, Gray TJ, Melek S. How do individuals with behavioral health conditions contribute to physical and total healthcare spending? Milliman, Inc. August 13, 2020.

<sup>7</sup> Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. PMID: 20669516.

<sup>8</sup> Bronson, J., Berzofsky, M., "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12," (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2017).

<sup>9</sup> Kaba, Fatos et al. "Disparities in Mental Health Referral and Diagnosis in the New York City Jail Mental Health Service." *American journal of public health* vol. 105,9 (2015): 1911-6.

## ■ EXPAND ACCESS BY MEETING PEOPLE WHERE THEY ARE.

Increased flexibility around the delivery of telehealth has enabled Marylanders to access behavioral health treatment from their homes and on their phones. This service expansion has become a vital part of Maryland's continuum of care. Likewise, remote school-based behavioral health services have helped Maryland students cope with the loneliness, depression, and anxiety that accompanies a prolonged state of isolation. But as kids return to the classroom, the current service capacity will not be enough to meet the need. **We must maintain critical telehealth service flexibilities and expand school behavioral health supports.**

## ■ PROVIDE SUPPORTS AND SERVICES TO THOSE MOST AT-RISK.

Maryland has battled a persistent opioid crisis and rising suicide rates since well before COVID-19, but pandemic-related stress, grief and despair are exacerbating these concerns. According to the CDC, over 1 in 10 individuals nationally has seriously considered suicide in the previous 30 days – including over 25% of those aged 18-24 – and over 13% have started or increased their substance use to cope with stress from the pandemic<sup>10</sup>. **We must expand overdose and suicide prevention efforts, increase Maryland's behavioral health crisis response capacity, and ensure sufficient access to peer support services and adequate behavioral health provider networks.**

The Behavioral Health Coalition benefits from the technical expertise, institutional knowledge, and grassroots supports of its member organizations. We use advocacy and public awareness to increase the power of the behavioral health community. Our unified voice is stronger than our individual organizations. We fight for critical funding for providers, patients, clinics, and hospitals to ensure Marylanders get the mental health and substance use disorder services they need to be safe and healthy.

Adventist HealthCare Behavioral Health & Wellness Services  
Alzheimer's Association of Greater Maryland  
American College of Emergency Physicians, Maryland Chapter  
American Foundation for Suicide Prevention, Maryland Chapter  
Anne Arundel County Mental Health Agency  
Arundel Lodge  
Baltimore City Substance Abuse Directorate  
Baltimore Crisis Response  
Baltimore Harm Reduction Coalition  
Baltimore Jewish Council  
Behavioral Health System Baltimore  
Brain Injury Association of Maryland  
Catholic Charities of Baltimore  
Center for Addiction Medicine  
Chesapeake Voyagers  
Community Behavioral Health Association of Maryland  
Cornerstone Montgomery  
Disability Rights Maryland  
EveryMind  
Good Samaritan Hospital Division of Psychiatry  
Harford-Belair Community Mental Health Center  
Health Care for the Homeless  
Healthy Harford / Healthy Cecil  
Horizon Foundation  
Hudson Health Services  
IBR/Reach Health Services  
Jewish Community Services  
Key Point Health Services  
Legal Action Center  
Licensed Clinical Professional Counselors of Maryland  
Maryland Addictions Directors Council  
Maryland Association for the Treatment of Opioid Dependence

Maryland Association of Behavioral Health Authorities  
Maryland Association for Partial Hospital and Intensive Outpatient Programs  
Maryland Association of Resources for Families and Youth  
Maryland Catholic Conference  
Maryland Clinical Social Work Coalition  
Maryland Coalition of Families  
Maryland & DC Society of Addiction Medicine  
Maryland Hospital Association  
Maryland Nonprofits  
Maryland Nurses Association  
Maryland Occupational Therapy Association  
Maryland Public Health Association  
Maryland Psychiatric Society  
Maryland Psychological Association  
Maryland Rural Health Association  
Mental Health Association of Frederick County  
Mental Health Association of Maryland  
Mental Health Association of the Eastern Shore  
Mid Shore Behavioral Health  
NAMI Maryland  
National Association of Social Workers Maryland Chapter  
National Council on Alcoholism and Drug Dependence (NCADD) Maryland  
On Our Own of Maryland  
Pro Bono Counseling Project  
Prologue  
Sheppard Pratt  
Springboard Community Services  
Wells House

<sup>10</sup> Czeisler MĒ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1049–1057.