



POLICY PRIORITIES, 2022-2023

Advancing Behavioral Health and Wellness for All

The need for behavioral health services and emotional support is more important than ever to support individuals, families, and communities in the aftermath the COVID pandemic. We must build upon the strengths of our behavioral health system to make reforms that ensure all residents have access to effective and culturally relevant mental health and substance use services. Toward that end, BHSB supports the following policies to advance behavioral health and wellness in Baltimore City:

1. Build a stable behavioral health workforce to ensure equitable and reliable access to prevention, early intervention, treatment and rehabilitation, and support services

Maryland's Public Behavioral Health System (PBHS) is a nationally recognized model; however, many communities, in particular black and brown communities, still face barriers to accessing care due to the lack of available providers in their community. With increasing demand for services, people are experiencing long delays for receiving care due to the lack of available and culturally diverse behavioral health providers. The reasons behind the behavioral health workforce shortage vary from having too few people entering the profession to comparatively low salaries and service reimbursement rates, making it difficult for providers to recruit and maintain qualified professionals. *Maryland must address the behavioral health workforce shortage, and increase racial, ethnic and gender diversity in the behavioral health field through continuing to increase the reimbursement rates for community behavioral health services, investing in peer support services, and by providing compensation incentives (eg. loan repayment, comprehensive benefits) and professional licensing reform.*

2. Strengthen and expand community-based behavioral health crisis services

A comprehensive and well-resourced behavioral health crisis response system reduces unnecessary use of hospital emergency rooms and law enforcement response for people experiencing a behavioral health emergency. Maryland currently does not provide 24/7 crisis services in all communities, and investments are needed to build out the 988 call centers and other crisis response services, such as mobile crisis teams and crisis stabilization centers. National efforts to launch the new 988 suicide prevention and behavioral health crisis hotline will increase access to behavioral health services but only if the state invests in the community services and infrastructure needed to respond dependably to those who need help. *Maryland should promote 988 as the statewide number for access to behavioral health services and allocate funds to support the continuum of behavioral health crisis services and further integrate crisis services with the broader public behavioral health system.*

3. Invest in co-designed mental health and support services for youth and families

Early intervention emotional support and mental health services for youth are fragmented, inequitably available, and not easily accessible. Youth and families navigating these services are experts on their unique needs and should not only be a recipient of services, but partners in all elements of the design including implementation, evaluation, and evolution of services. Co-designing services is a research-informed and authentically collaborative approach to developing and providing services to youth and families. The partnerships between system managers, service providers, and youth and families are vital to ensure that the services provided are equitable, accessible and appropriate. *Maryland should examine how to support communities to develop and implement co-designed programs and provide sustainable funding to support the growth of these models across the state.*

4. Establish Overdose Prevention Sites and promote harm reduction strategies

Policies that support harm reduction interventions and promote inclusion of people who use drugs improve the health and safety of our communities and reduce the harm caused by the War on Drugs, which disproportionately impacts communities of black, indigenous, and people of color (BIPOC). Overdose deaths continue to increase in Baltimore City, even more so during the COVID pandemic. Harm reduction interventions, such as Overdose Prevention Sites (OPS) provide innovative and effective ways to engage people who use drugs around safer drug use and link them to treatment and support services. There are no OPS in the United States, but more than 100 worldwide and none have ever experienced an overdose death. *Maryland should establish OPS to prevent deaths, reduce harm associated with drug use (eg. HIV, Hepatitis B and C, skin infections, etc.), and connect people using drugs to treatment and support services in the community.*