

GBRICS PARTNERSHIP

GREATER BALTIMORE REGIONAL
INTEGRATED CRISIS SYSTEM

Policy Agenda

Achieving Long-Term Sustainability for a Strengthened and Expanded Behavioral Health System

Crisis services are a significant access point to the larger behavioral health system, allowing people to access care in the community instead of through emergency services like police, fire, and hospitals. Historically, behavioral health crisis services have been undervalued and under-resourced. The Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership provides an opportunity to significantly enhance the behavioral health system by developing the infrastructure needed for integrated, comprehensive crisis response and community-based, behavioral health services. The success of the GBRICS Partnership depends not only on achieving health outcomes that support the population health goals of the Total Cost of Care Model, but also on sustaining the infrastructure and services.

Any effort to establish sustainable funding and other needed policy changes must address long-standing racial disparities within the behavioral health system. Unjust policies and practices, such as the disproportionate reliance on law enforcement intervention for addressing behavioral health crises, have led to inequitable access to care and poor health outcomes for people of color in our communities. Promoting equity in all policies is key to ensure those communities most in need of resources receive the care they need from a workforce that reflects the people being served.

The GBRICS Policy Agenda aims to achieve long-term sustainability through legislative and administrative policy change in two key priorities:

Build and Sustain Crisis System Capacity Through Dedicated Funding

➤ **Establish an adequate 988 fund to sustainably support crisis response services**

The National Suicide Hotline Designation Act authorizes states to create telecommunication user fees to fund 988 lifeline infrastructure, including call center operations, workforce, and other behavioral health crisis services, such as mobile crisis intervention, peer support, and crisis stabilization. The 988 user fee is a similar funding model to how states fund 911 emergency management systems. A small fee could generate millions of dollars in dedicated funding for behavioral health services and would reduce the system's reliance on a patchwork of grant funds. *Maryland should establish a 988 fund create a dedicated, sustainable funding source to support infrastructure and the continuum of crisis response services.*

➤ **Include crisis response services as a reimbursable benefit through Maryland Medicaid's Behavioral Health Administrative Service Organization**

Medicaid is the largest funder of behavioral health services in Maryland's public behavioral health system. Maryland currently does not fully leverage Medicaid funding for crisis call centers or mobile crisis teams but there is existing authority to do so. Maryland Medicaid could use existing CPT codes for crisis to allow behavioral health providers to bill for emergency services. In addition, the American Rescue Plan Act (ARPA) passed in March 2021 established a new state option to cover community-based mobile crisis intervention services with 85% federal matching funds for the first 12 fiscal quarters, a significant increase in federal matching funds compared to Maryland's traditional match rates. *Maryland should utilize Medicaid financing mechanisms to reimburse for mobile crisis services and reduce its reliance on static or time-limited grants.*

- **Evaluate how private health carriers cover and reimburse for behavioral health crisis services and identify opportunities for expanded coverage and administrative simplification of existing processes to enhance coverage**

Behavioral health needs affect everyone, regardless of an individual's source of health coverage. A well-functioning crisis response system includes medically appropriate insurance reimbursement of covered services from all payer sources. While Maryland does not have full authority over the private insurance market, the state and carriers have discretion over plan requirements for various state-regulated markets. *As such, private health carriers should evaluate how to cover and reimburse for behavioral health crisis services in State-regulated markets and identify administrative and substantive opportunities for enhancing medically appropriate behavioral health care benefits in these markets.*

- **Ensure HSCRC policy allows hospitals to retain revenue related to reductions in ED visits and admissions/readmissions for people with behavioral health crisis services and invest their cost-savings into community-based behavioral health services.** The goal of the Regional Partnership Catalyst Grant program is to see a reduction in hospital ED visits for people experiencing behavioral health crisis as a result of investing in community-based behavioral health infrastructure and services. If at the end of the five-year grant period, GBRICS can demonstrate the benefits of avoided hospital visits by showing cost-savings to the hospitals, *HSCRC should develop policies that allow hospitals to retain revenue and require that they invest in community-based behavioral health services.*

FULLY INTEGRATE THE CRISIS SYSTEM INTO THE PUBLIC BEHAVIORAL HEALTH SYSTEM

- **Designate 988 as Maryland's behavioral health hotline to align with national 988 implementation efforts and promote the use of 988 as an alternative to 911 and emergency department use for crisis**
Through work directly engaging members of the community, GBRICS partners have repeatedly heard that an effective hotline should provide substance use and mental health support and be a number that is easy to remember in a time of crisis. Maryland has several existing hotlines at the state and local level which may confuse individuals, making it unclear which number to call for what. Having one number for behavioral health crisis, that is complementary to 911, will help to make behavioral health services more accessible. A comprehensive marketing and awareness campaign to publicize 988 and its value to communities will be needed. Promotional efforts should destigmatize behavioral health services and combat the existing culture of calling 911 for emergent concerns. With the support at the national level for 988, *Maryland should commit to aligning state efforts with national implementation and promote 988 as the statewide number for access to behavioral health services.*

- **Build a crisis response system that seamlessly coordinates care with the broader behavioral health system**

A robust crisis response system can only be successful if the behavioral health system has the capacity to coordinate needed aftercare and prevent crises in the first place. Community behavioral health providers and specialized crisis service providers must partner closely and provide integrated services to program participants. Seamless coordination will require technological and financial resources as well as changes to program design that facilitate coordinated care. *Maryland must support infrastructure and workforce to integrate the crisis response services into the public behavioral health system and ensure community behavioral providers have the capacity to serve all those in need.*