



As the Moore-Miller Administration enters its second year, it is critical to build on the promising behavioral health initiatives of 2023. To identify the most pressing concerns for people across Baltimore and the region, Behavioral Health System Baltimore (BHSB) engaged over 100 stakeholders through facilitated discussions and electronic surveys. Respondents shared a wide array of issues and policy ideas, but some trends and commonalities were clear.

Six broad priorities emerged from this community feedback that BHSB will pursue over the next two years

1. Address Maryland's behavioral health workforce shortage

The Maryland behavioral health workforce has been underinvested in for years, but the impact of the COVID-19 pandemic has created an acute workforce crisis. More people than ever are seeking behavioral health services, and the expansion of telehealth services, while increasing access overall, has also worsened the workforce shortage. The state is now experiencing significant shortfalls in behavioral health professionals, especially for in-person services and those serving people in the public behavioral health system. This crisis demands a sustained investment strategy to build and grow the high-quality behavioral health workforce Marylanders deserve. *The state must address its near-term and long-term behavioral health workforce needs by establishing rates that allow competitive salaries, expanding programs that increase the pipeline of professionals entering the behavioral health field, and creating programs that will diversify the racial and ethnic makeup of the field to ensure it is representative of the communities that are being served.*

2. Expand the peer workforce and further integrate these professionals into the system of care

Behavioral health leaders recognize the value of peer support services but have not consistently taken the steps necessary to fully fund these services or integrate peers into the system of care. Peers are provided wages that are far below the market value of the care they provide and are often used to fill gaps in program services rather than being used for peer-specific support services. This is unfortunate as peer support services can provide an important complement to traditional behavioral health services. Peer respite services are one promising alternative to crisis prevention and response that the state has yet to implement, and there are many others. *Maryland should invest in peer support services and peer respite programs through mechanisms that ensure proper salaries and scopes of practice for peers.*

3. Sustainably fund Maryland's 988 helpline and related behavioral health crisis response services

Maryland has made strides in building out its network of 988 helplines and related crisis services. Maryland's 988 helplines operate 24/7 and have kept up with increasing demand and mobile response teams and stabilization centers have expanded. Still, too many Marylanders end up in hospital emergency departments (ED) or interacting with law enforcement during a time of crisis. The state is currently facing a steep 988 funding cliff and must act now to ensure that people still have access to this resource when funding runs out in 2025. A nominal 988 telecom fee modeled after the 911 telecom fee is the ideal solution, along with greater insurance reimbursement for crisis services. *Maryland must put our crisis system on a sustainable path by establishing a nominal 988 telecom fee and ensuring public and private insurance reimbursement for crisis services.*





4. Strengthen and expand quality behavioral health services for children, youth, and families

Behavioral health services for children, youth, and families have atrophied to an alarming degree over recent years. The state dismantled important programs that prevent inpatient stays and out of home placements like high-fidelity wraparound, while early intervention and prevention services were never properly funded. At the same time, the COVID-19 pandemic had an especially pronounced impact on youth mental health. The investments in school-based mental health services made in the Blueprint for Maryland's Future holds promise, but many details need to be solidified during implementation. *Maryland must ensure there is a full continuum of behavioral health services for children, youth, and families and that Maryland families have the supports they need to thrive in their communities.*

5. Establish Overdose Prevention Sites and other effective harm reduction and recovery strategies to prevent fatal overdose

Maryland, and Baltimore City in particular, have had one of the highest rates of fatal overdoses in the country for years. This loss of life has only grown throughout the pandemic, as nationwide overdose deaths topped 100,000 and the City's fatal overdoses topped 1,000 for the first time in 2020. The overdose epidemic is an emergency and demands bold action. Overdose Prevention Sites (OPS) are among the most effective strategies to save lives and reduce the harms associated with substance use. No fatality has ever occurred at any of the 200 OPS programs across the globe, including the two recently opened in New York City. Other effective strategies include more widespread use of medications for opioid use disorder (MOUD) and access to safe recovery housing. *The state must establish OPS and other effective harm reduction and recovery solutions to combat the tremendous loss of life in local communities due to overdose.*

6. Improve quality and accountability within the public behavioral health system

One of the strengths of Maryland's public behavioral health system (PBHS) is the partnership between the state and Local Behavioral Health Authorities (LBHA) for behavioral health system management and oversight. LBHAs serve as "on the ground" experts to support the Maryland Department of Health (MDH), as they understand the behavioral health needs of their community and what services are available, and they use this expertise to structure the safety net to meet the unique needs of their community. LBHAs are well positioned to take a larger role in local oversight and accountability for the system of care, if properly resourced and given authority. *As Maryland explores strategies to improve the quality and accountability of the PBHS, we must ensure that any change to the system of care continues to value the role of LBHAs and provides opportunity to clarify and expand their oversight and accountability responsibilities.*

ⁱ Maryland Department of Health Vital Statistics Administration. [Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2021](#). August 2023.

ⁱⁱ Dr. Brent Gibson, PhD, Kailin See, Brittney Vargas Estrella, Sam Rivera. [OnPoint NYC, A baseline report of the operation of the first recognized overdose prevention site centers in the United States](#). December 2023.

