

Attachment 3. Include a statement that describes the target Medicaid population(s) to be served under the demonstration program.

In whole or in part, Medicaid funds healthcare services for approximately 1.5 million individuals out of Maryland's population of 6.26 million. Medicaid participants make up 96 percent of the 276,358 Maryland citizens (all ages) who receive specialty mental health (MH) services annually through Maryland's Public Behavioral Health System (PBHS). Similarly, this population also makes up 96 percent of the 114,485 Maryland citizens who receive substance use disorder (SUD) services through the PBHS. Services under the PBHS are presently covered by Medicaid and by federal, state, and other grants that support the continuum of care.

The population served through CCBHCs statewide in Maryland will be diverse, including an estimated 199,435 adults aged 18 and above with serious mental illness (SMI), 106,031 youth and children aged 17 and below with serious emotional disturbance (SED), 79,640 individuals with SUD, and 43,513 individuals with a co-occurring diagnosis (COD) of SMI and SUD. In addition to this Medicaid population, CCBHCs will serve everyone who needs services, including the uninsured and underinsured population.

Among Medicaid participants with SMI, 47.8% are Black, 38.0% are White, and 5.9% are Hispanic, with additional representation from Asian and Native American individuals. Similarly, among children with SED, 43.2% are Black, 26.5% White, and 18.9% are Hispanic. While women account for 57.8% of the state's Medicaid population aged 18 and older, they represent 61.5% of those with SMIs. Among the under-18 population, the gender distribution is nearly equal, with girls making up 49.0% of Marylander's under-18 Medicaid population and accounting for 46.6% of those with SEDs, while boys account for 53.4% of those with SEDs.

Special attention will be given to the population living in rural areas. For example, the Eastern Shore, one of the regions with rural counties in Maryland, has higher than average state rates of SMI (18.8%), SED (20.1%), and SUD (5.7%), compared to state prevalence rates of 18.3%, 15.4%, and 4.5% for SMI, SED, and SUD, respectively. Overall, the CCBHCs will provide culturally responsive care to reduce health disparities, address social determinants of health (SDoH), and improve outcomes for these vulnerable and diverse groups.

Table 1: Behavioral Health Prevalence Rates of Adults and Children¹

Region²	Adults with SMI	% SMI	Children with SED	% SED	Individuals with SUD	% SUD	Individuals with COD (SMI+SUD)	% COD
Baltimore Metro	117,252	22.4%	56,511	18.6%	50,313	6.1%	29,837	3.6%
Washington Suburban	36,499	11.3%	22,516	9.6%	7,649	1.4%	3,521	0.6%
Southern Maryland	8,379	15.7%	4,533	13.5%	3,615	4.2%	1,704	2.0%
Western Maryland	19,162	20.7%	10,520	18.3%	9,183	6.1%	4,263	2.9%
Eastern Shore	18,143	18.9%	11,951	19.8%	8,880	5.7%	4,129	2.6%
Out of State	203	9.5%	57	11.6%	131	6.8%	59	3.1%
Maryland Total	199,435	18.3%	106,031	15.4%	79,640	4.5%	43,513	2.4%

¹ *Data Source:* Hilltop Institute, University of Maryland, Baltimore County, Maryland Medicaid DataPort, Behavioral Health Participant-Level Reporting, Medicaid and CHIP Population, Calendar Year 2025.

² Behavioral Health Diagnosis Prevalence among the Medicaid Population Analysis in calendar year (CY) 2023. 2 Baltimore Metro includes Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George's and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.