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Commission on Behavioral Health Care Treatment & Access

Chair: Laura Herrera Scott, MD, MPH

Secretary, Maryland Department of Health

May 29, 2024

Agenda

- Opening Remarks
- Review of December Meeting Minutes
- Overview of Legislative Changes to the Commission and Future Alignment with the Behavioral Health Advisory Council
- Update on Behavioral Health Needs Assessment/White Space
- Efforts Underway to Fill in the White Space
- Overdose Data and Self Service Dashboard
- Maryland Health Care Commission's Behavioral Health Workforce Study
- Consortium for Coordinated Community Supports
- Additional Platform for Questions
- Public Comment

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Welcome & Opening Remarks

Secretary Laura Herrera Scott

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Approval of Minutes

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Commission on Behavioral Health Treatment and Access Mandate and New Coordinating Requirements with the Behavioral Health Advisory Council (BHAC)

Erin McMullen, MSN, MPP, RN, Chief of Staff

Maryland Department of Health

Background: Federal SAMHSA Requirements for State Mental Health Planning Council

Purpose	Longstanding federal requirement (pursuant to federal Public Law (PL) 102-321) states must fulfill to receive SAMHSA Mental Health Block Grant Funds
Duties	Three duties related to State Plan review, advocacy for those with SMI and/or SED, & monitoring the adequacy of mental health services in the state.
Workgroups	No statutorily defined workgroups, but key stakeholders for participation are identified
Reporting	No specific reporting requirements; however, the Council must review the State Plan. This may include recommendations to the State.

Background: State Statutory Charge of the BHAC

Purpose	Established by legislation in 2015, this bill repealed and replaced the Maryland Advisory Council on Mental Hygiene and the State Drug and Alcohol Abuse Council with the BHAC. Formed to promote and advocate for the enhancement of behavioral health services across the State
Duties	Two statutory duties related to promotion and advocacy. The Council must meet 6 times a year.
Workgroups	No statutorily defined workgroups; however the council may adopt procedures necessary to conduct business, including the creation of committees or task forces
Reporting	Annual report due to the Governor and the General Assembly on or before December 31 of each year.

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Background: Initial Charge of the Commission on Behavioral Health Treatment and Access

Purpose

Established by legislation in 2023. Formed to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services that are available on demand to individuals in Maryland across the behavioral health continuum.

Duties

14 specific charges of analysis across the continuum. The Commission must meet 3 times a year.

Workgroups

4 required workgroups, made up of Commission members with option to include outside experts. Workgroups must meet 2 times per year.

Reporting

Annual report due each January for duration of Commission (through June 2027).
2024 report must include behavioral health systems needs assessment

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Departmental Legislation: Senate Bill 212/HB 1048 of 2024

Signed into law in April, and generally requires the BHAC and the Commission on Behavioral Health Care Treatment and Access to work in conjunction with one another, including:

- coordinating with one another on their annual reports;
- meeting jointly at least three times per year at mutually determined times and places;
- additional reporting requirements.

The legislation also modifies BHAC terms (e.g., terms modified from 3 to 4 year terms) and modifies membership for the Commission to include the Secretary of Aging and a representative from the Maryland States' Attorney's Association

Reporting Requirements

- In addition to existing annual reporting requirements, SB212/HB 1048 requires the BHAC and the Commission to adhere to additional reporting on:
  - the continuation of the State's behavioral health carve-out; and
  - the financing structure and quality oversight necessary to integrate somatic and behavioral health services and ensure compliance with the federal Mental Health Parity and Addiction Equity Act.

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Overdose JCR Reporting Requirements

- The 2024 *Joint Chairmen's Report* requires the Commission to examine overdose response efforts. This includes Department-wide and interdepartmental initiatives designed to address SUD among Marylanders (e.g., preventive, educational, and relevant supportive services and programs). The Commission's 2024 annual report must include:
  - Initiative names and brief descriptions of their function and activities;
  - List of deliverables, goals, and outcomes, as applicable of the group or project;
  - Other agencies or nongovernmental entities involved with the initiative;
  - Date of establishment and date of termination (if applicable);
  - MDH's plan to continue the effort, including anticipated date to end or re evaluate project outcomes; and
  - Costs associated with each project from inception through the end of fiscal 2024, including unspent and allocated funds.

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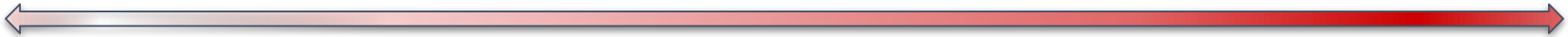
Behavioral Health Updated Needs Assessment: FY 2022 PBHS Claims

Alyssa Lord, Deputy Secretary

Maryland Department of Health

Behavioral Health Continuum of Care



Prevention/Promotion				Primary Behavioral Health/ Early Intervention		Urgent/Acute Care		Treatment / Recovery	
Promotion	Universal Prevention	Selective Prevention	Indicated Prevention	Outpatient Care	Intermediate Care	Urgent/ Crisis Care	Acute Treatment	Long-Term Treatment	Recovery Supports

Data / Quality / Health Equity / Workforce Initiatives

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Adult Service Utilization Analysis

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About PBHS Data

Data Source and time period

- The data are for all **"active"=billing Maryland Public Behavioral Health System (PBHS) providers who submitted a claim for services** rendered for more than $0 in the **Fiscal Year 2022.**
- The data are based on ASO-OPTUM claims paid through 11/30/2023.
- Data are un-duplicated within each provider for the number served-by service category.

Data Details

- The data is presented in 2 overarching treatment service categories - **1) Substance Use Disorder Services 2) Mental Health Services.**
- Number of providers billed for SUD and MH services by County and by Service Sub-categories in FY 22.
- Number of individuals receiving SUD and MH Treatment by Service Category in FY 22.
- Total expenditures by treatment Service Category.

Limitations

- **One provider can offer both SUD and MH services**, hence data cannot be summed to get total providers in both categories, the total would be an overcount.
- **An individual may have been served by more than one provider**, hence data can not be summed by service type to get total service utilization for a particular service category, the total would be an overcount.
- Some **Out of State providers have rendered services** and been reimbursed for services rendered by Maryland Medicaid recipients. Those providers are noted as county=Out of State.

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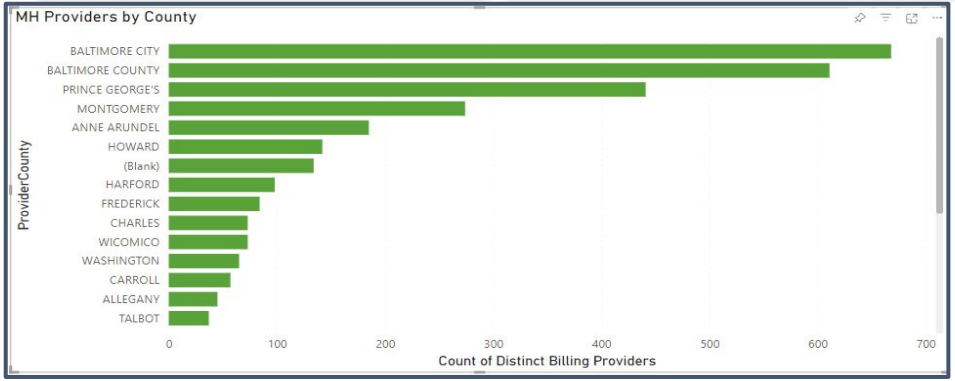
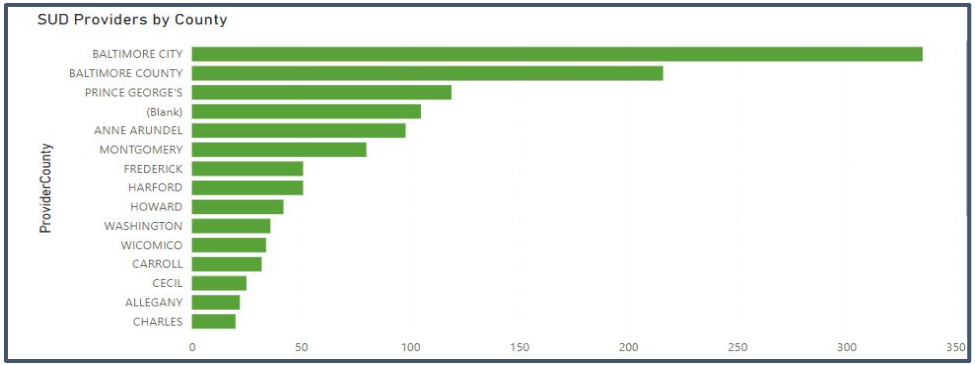
Active Billing Providers in PBHS for FY 2022

- During FY 22, a total of **1,216** distinct providers submitted Substance Use Disorder (SUD) claims and **2,901** distinct providers for Mental Health (MH) Services.
- There were approximately **3,000** distinct behavioral health treatment providers: **1,685** more MH billing providers than SUD billing providers during FY 22.
- There are **2.5 times** more MH service providers than SUD service providers.
- Approx **45%** of MH and SUD providers who submitted claims were from Baltimore City and Baltimore County.

Note, one provider can offer both SUD and MH services, hence data can not be summed to get total providers in both categories, the total would be an overcount.

# of Billing Providers for SUD Services	# of Billing Providers for MH Services
1216	2901





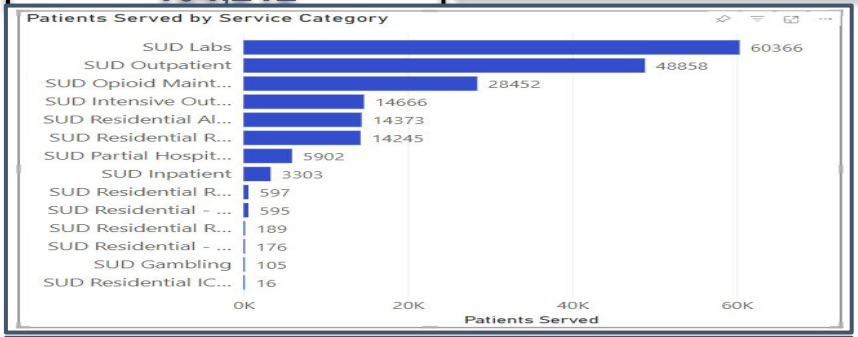
Substance Use Disorder (SUD) Treatment Services FY 2022

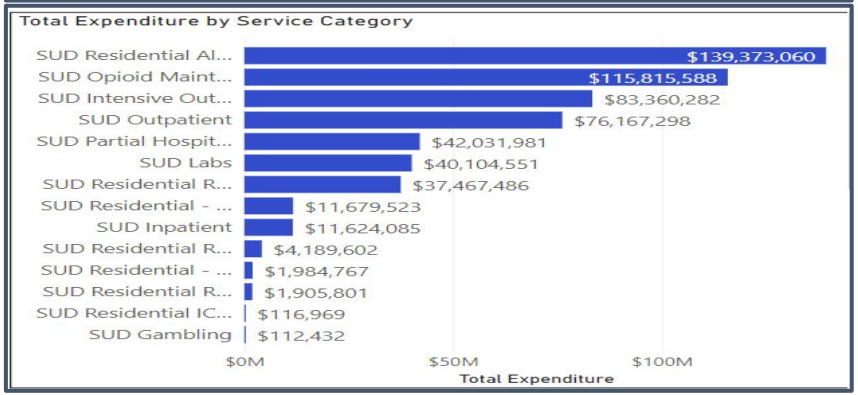
- During FY 22, SUD services claims were submitted by **1,216** providers across **1,693** locations in various counties across the State.
- The expenditures for SUD service claims amounted to **$565.9 million**, attributed to the over **104,000** individuals who received these services.
- Outpatient services were the most commonly used treatment service among various SUD (Substance Use Disorder) services, with approximately 49,000 individuals representing **47%** of all SUD service users.
- The highest expenditures were for SUD Residential Treatment over $139M, representing **25%** of the total SUD claims submitted.

Note: An individual may have been served by more than one provider, hence data can not be summed by service type to get total service utilization for a particular service category, the total would be an overcount.

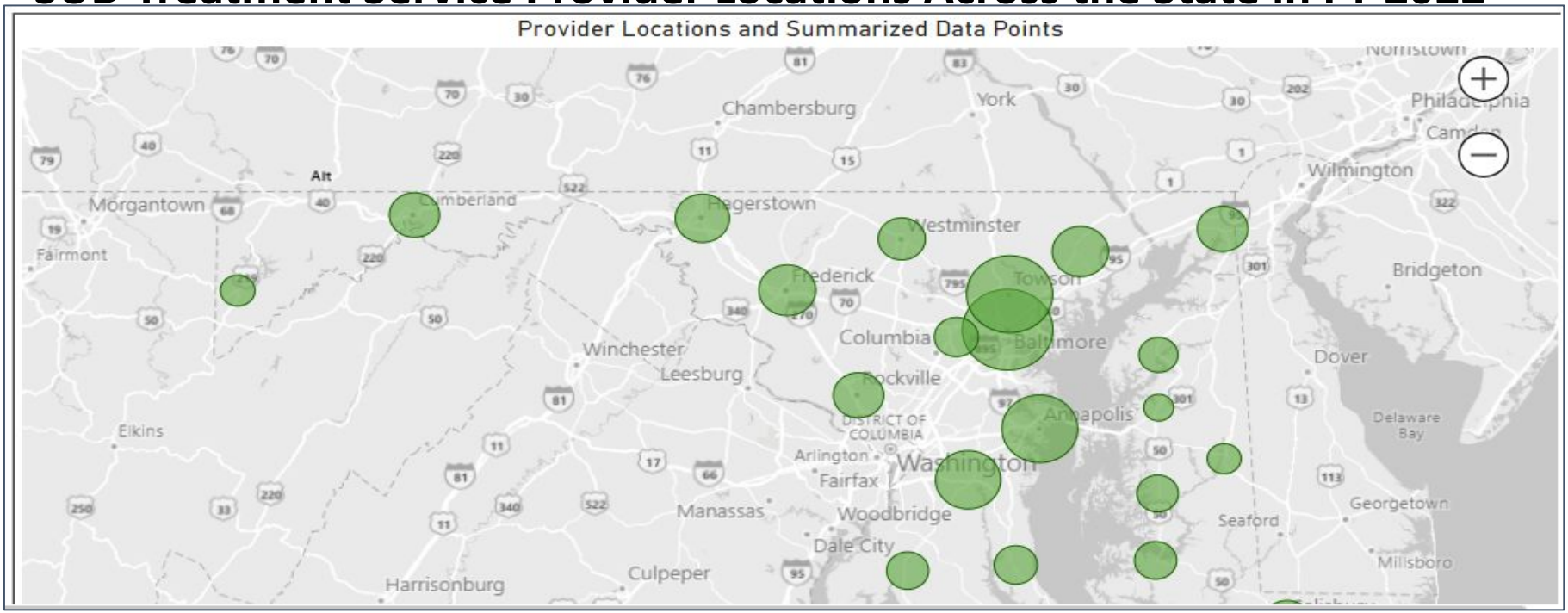
# of Billing Providers for SUD Services	# Provider Locations for SUD Services
1216	1693

# of Individuals Receiving SUD Services	Total SUD Expenditures
104,212	$565,933,425





SUD Treatment Service Provider Locations Across the State in FY 2022



- For Substance Use Disorder Treatment services, Baltimore City has the highest number of treatment locations which is 460 (27%) and Baltimore county 249 (15%) of all substance use disorder treatment locations across the State.
- The Mid, Lower Shores and Western Maryland have the fewest providers.
- The 5 counties in the Mid-Shore region have a total of 49 (3%) and the Lower Shore (Wicomico/Somerset) have 35 (2%) SUD providers. Garrett and Allegany Counties have 37 (2.2%) of all SUD provider locations across the State.

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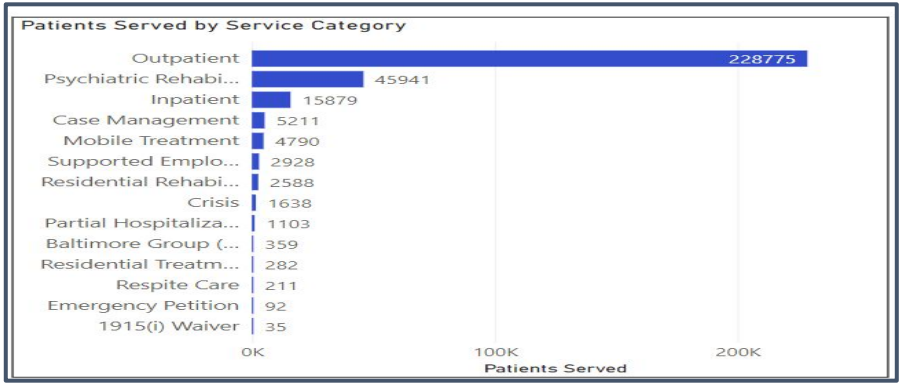
Mental Health (MH) Services FY 22

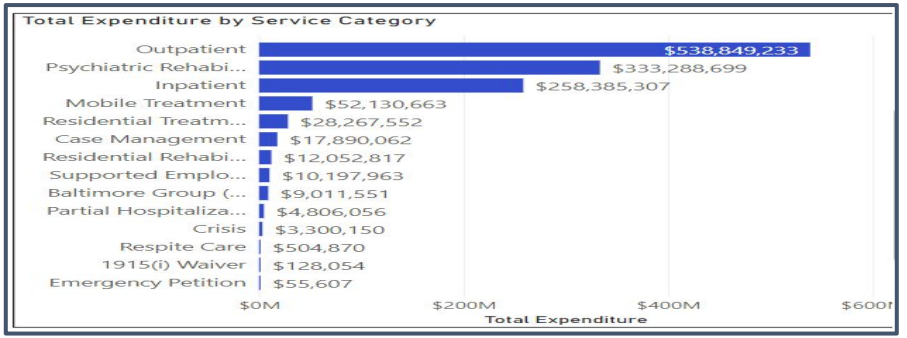
- During FY 22, MH services claims were submitted by **2,901** providers across **3,759** locations in various counties across the State.
- The expenditures for MH service claims amounted to **$1.2B**, attributed to over **244,000** individuals who received these services.
- **Outpatient services** were the most commonly used among various MH services, with approximately **228,000** individuals representing **93%** of all MH service users.
- The total claims submitted for **Outpatient Treatment** were the highest, representing **42%** of the total claims submitted.

Note: An individual may have been served by more than one provider, hence data can not be summed by service type to get total service utilization for a particular service category, the total would be an overcount.

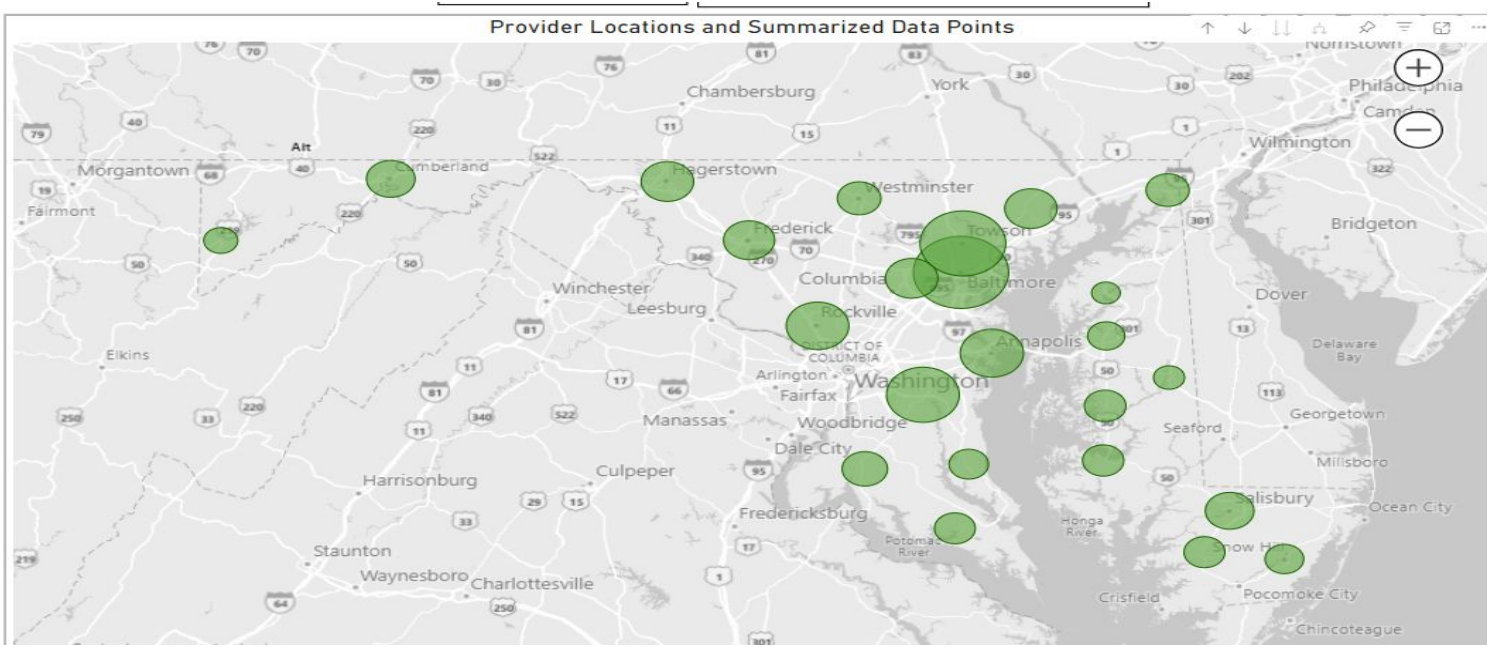
# of Billing Providers for MH Services	# of Provider Locations for MH Services
2901	3,759

# of Individuals Receiving MH Services	Total MH Expenditures
244,892	$1,268,868,585





MH Treatment Service Provider Locations Across the State in FY 2022



- For Mental Health Treatment services, Baltimore City has the highest number of treatment locations which is 801 (21%), and Baltimore County has 700 (18.6%) of all mental health treatment locations.
- The Mid, Lower Shores and Western Maryland have the least-the 5 counties in the Mid-Shore region have a total of 118 (3%) and the Lower Shore (Wicomico/Somerset) have 62 (1.7%) SUD providers.
- Garrett and Allegany Counties have 50 (1.3%) of all SUD provider locations across the State.

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Youth Service Utilization Analysis

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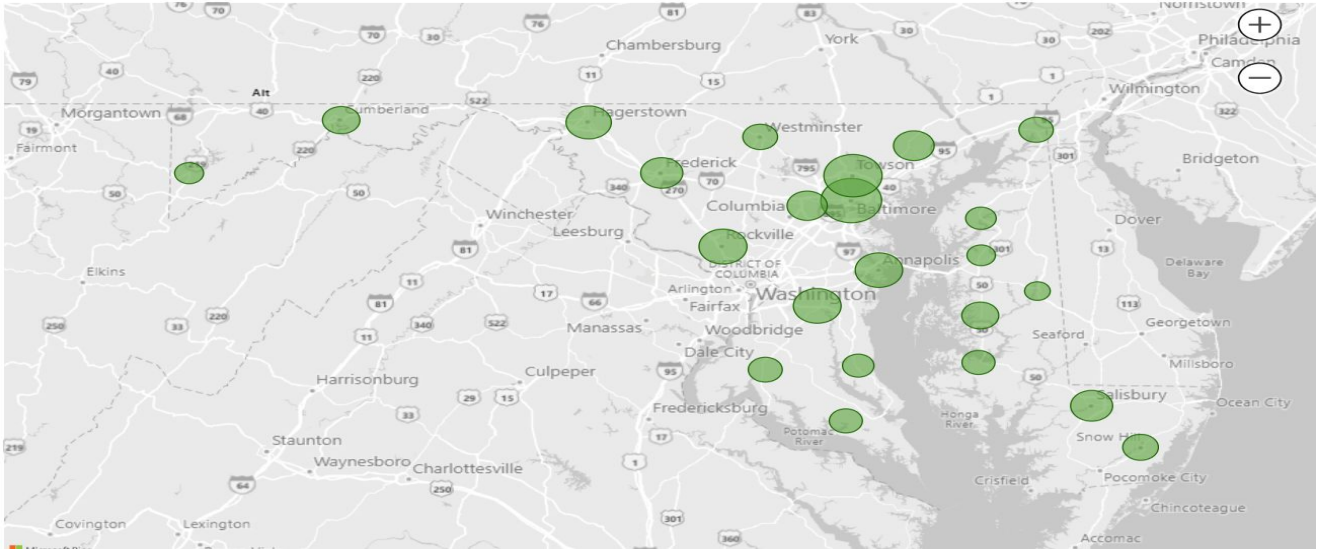
SUD Service Utilization Youth Ages 0-17 by County of Residence: FY22



People Served 2,891

- 50.8% of all individuals under 18 receiving SUD Treatment services in FY 2022 were Male, and 49.2% were Female.
- 1.7% of individuals were under 6 years old.
- 8.3% were between the ages of 6 and 12.
- Those in the 13-17 age bracket were 90%.

Amount Paid $2,831,325

- Note individuals can have more than one service and could have moved within the FY, hence the customer served counts includes duplicates. This data is based on claims paid date 11/30/2023.

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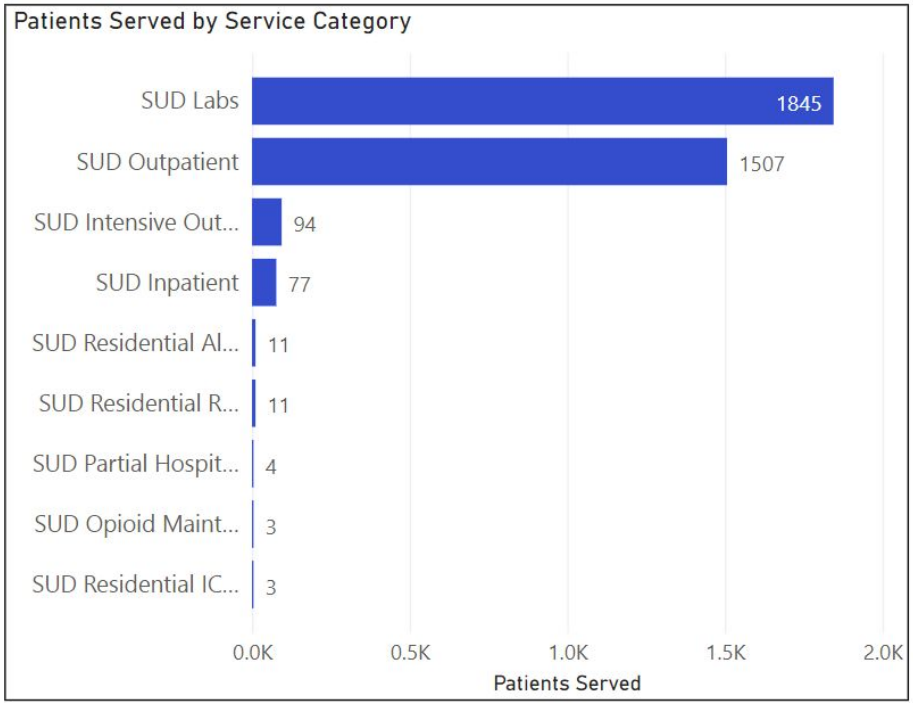
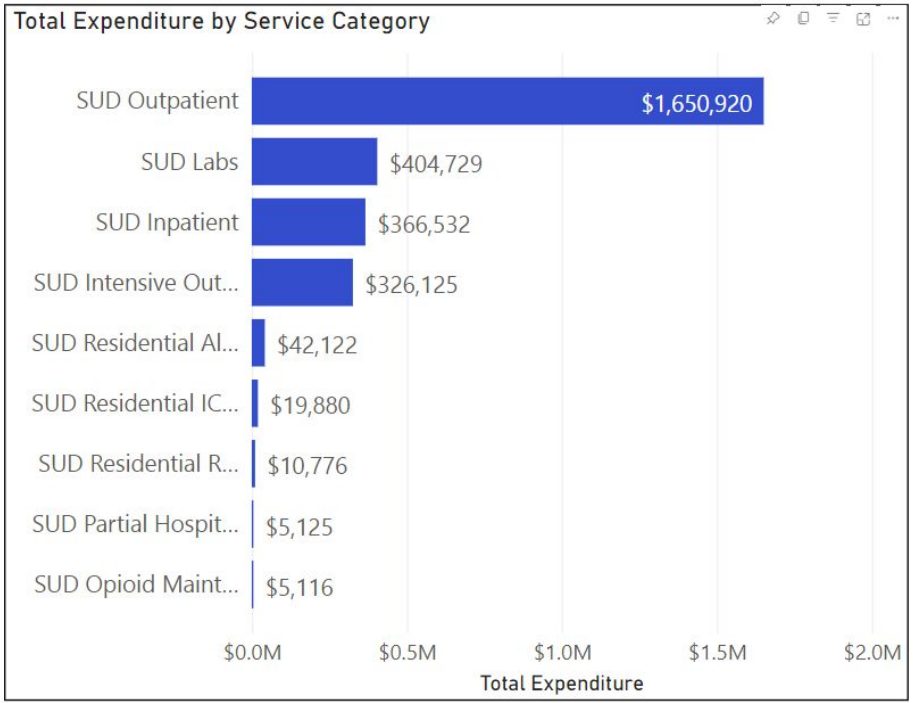
SUD Service Utilization By Youth Ages 0-17 by Service Category: FY22





- 52% of individuals under 18 received Outpatient SUD treatment services in the PBHS during FY 2022 at a cost of $1.6M-or $1,095 per person. Labs although a prevalent and costly service are not considered treatment. Over 2.6% of Youth received an Inpatient SUD hospitalization-at an average cost of $4,760 per stay.
- Note that Individuals can have more than one service and could have moved within the FY, hence the customer served counts includes duplicates. The data is based on claims paid date 11/30/2023.

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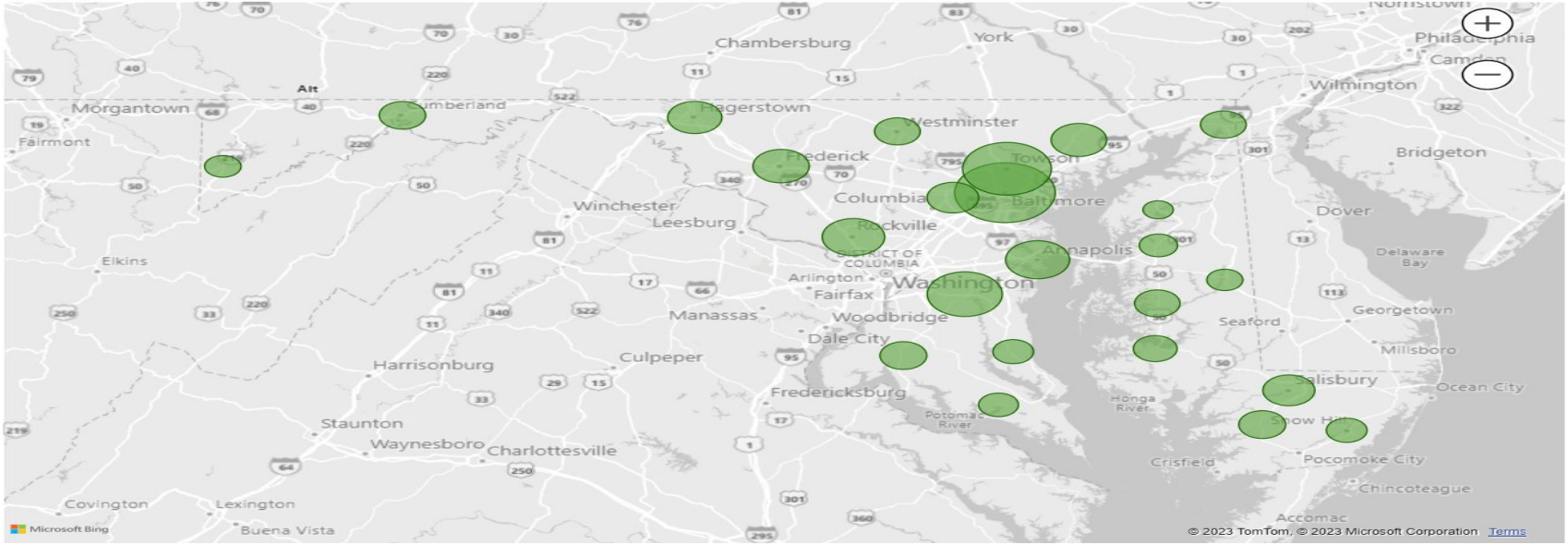
Mental Health Services Utilization By Youth Ages 0-17 by County of Residence: FY22



People Served	Amount Paid
75,511	$397,825,007

- 50.2% of all individuals under 18 receiving MH Treatment services in FY 2022 were Male, 49.8% were Female.
- 7% of individuals were under 6 years old.
- 49% were between the ages of 6 and 12.
- Those in the 13-17 age bracket were 44%.

Note that individuals can have more than one service and could have move within FY, hence the customer served counts includes duplicates. The data is based on claims paid date 11/30/2023.

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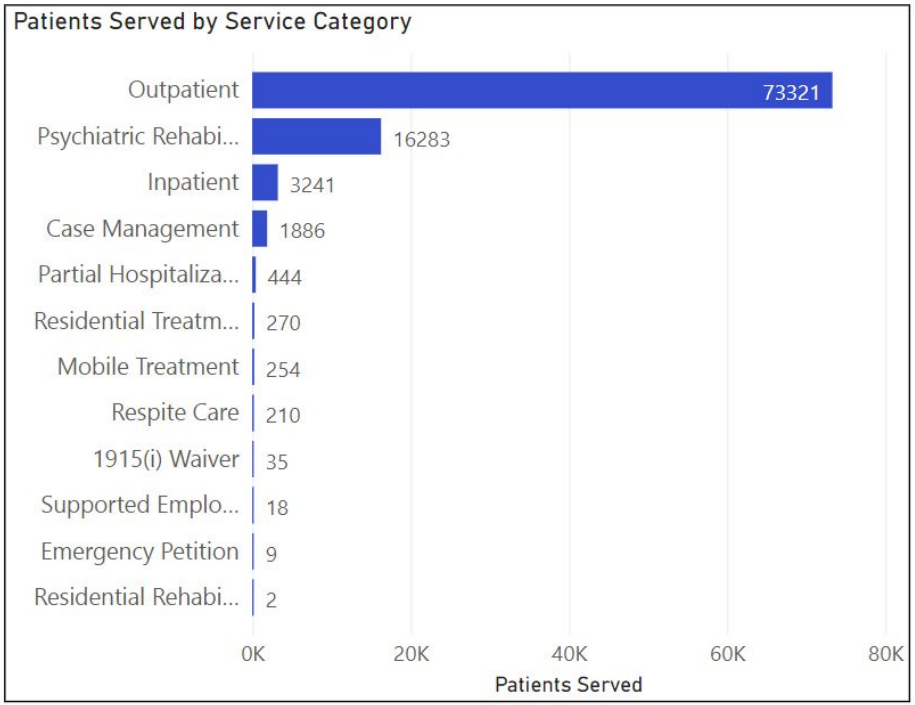
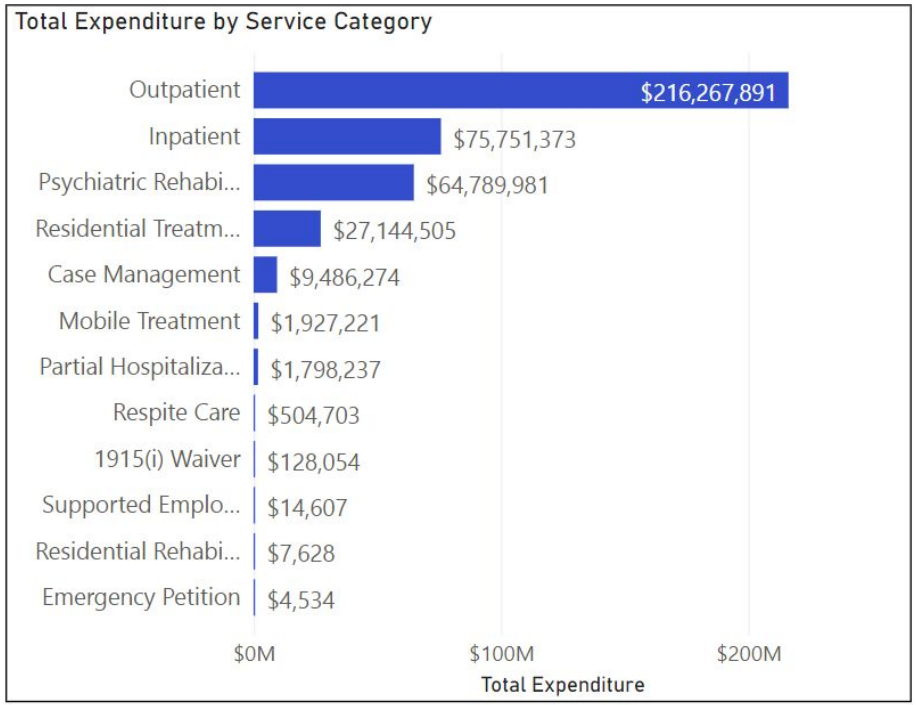
Mental Health Service Utilization By Youth Ages 0-17 by Service Category: FY22





- 97% of individuals under 18 received Outpatient MH treatment services in the PBHS during FY 2022 at a cost of $216M-or $2950 per person. PRP is an well utilized service. 22% of all Youth served in the fiscal year received the service at an average cost of $3,978 per youth. Inpatient services averaged a cost of $23,372 per person.

Note that Individuals can have more than one service and could have moved within the FY, hence the customer served counts includes duplicates. The data is based on claims paid date 11/30/2023.

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What Changed?

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Changes From the FY21 Needs Assessment

- **Inpatient MH Services:** In FY22 Caroline County did not have any providers billing for this service within its jurisdiction (they did in the FY21 claims dataset)

- **Inpatient SUD Services:** In FY22 Calvert, Caroline, Charles, and Dorchester counties did not have any providers billing for this service within their jurisdiction (they did in the FY21 claims dataset). However, preliminary analysis of FY23 claims shows that both Charles and Calvert counties now have providers billing for these services

- **Residential SUD Treatment:** In FY22, Caroline and Worcester counties added new providers billing for this service within their jurisdictions (they had no providers billing for this service in the FY21 claims dataset)

- **1915(i) services for children and youth:** In FY22, St. Mary's County added a provider billing for this service within its jurisdiction (they had no providers billing for this service in the FY21 claims dataset)

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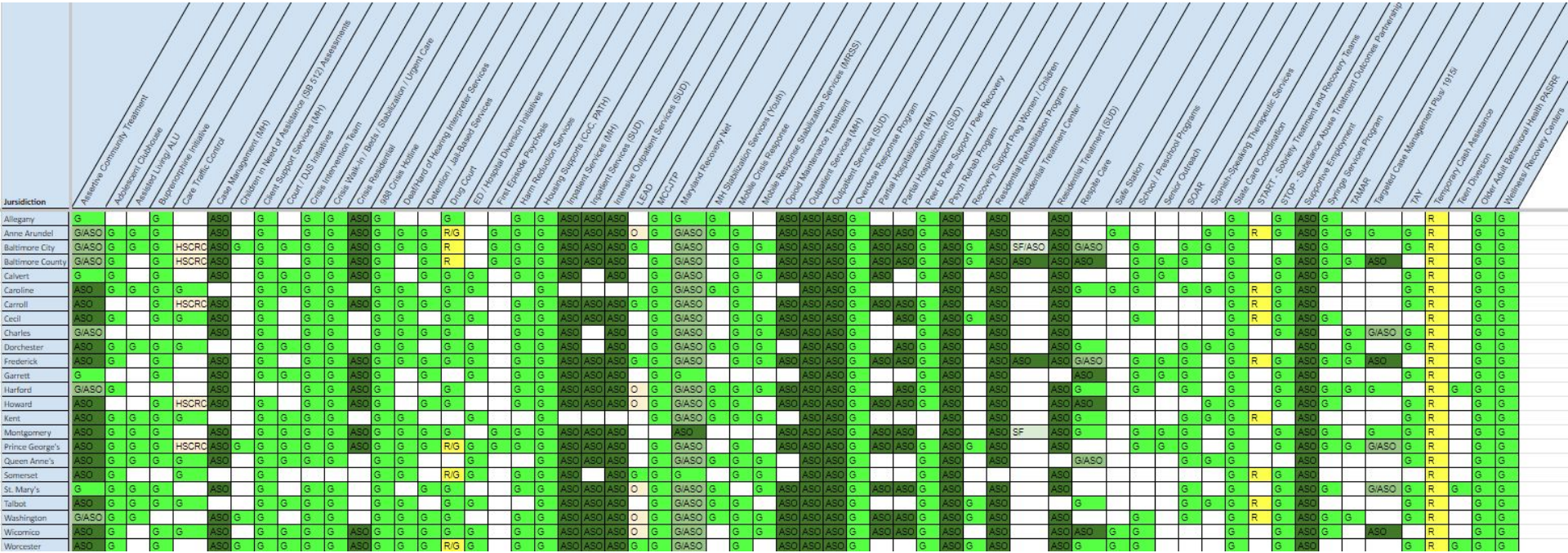
Update Assessment of Currently Funded Services



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Efforts to Fill the White Space

Tanya Schwartz, Director of Urgent and Acute Care, BHA

Clint Hackett, CIO

Maryland Department of Health

Regulations for Mobile Crisis Team & Behavioral Health Crisis Stabilization Centers

- Proposed BHA and Medicaid regulations were issued.
- The Comment period closed on March 11, 2024 - 23 commenters.
- Final regulations are effective on May 29, 2024
- Once the regulations are finalized, provider licensing can begin.

- BHA awarded $13.5 million to 19 jurisdictions to build infrastructure and capacity

Children, Adolescent & Family Strategy

MDH partnership with Maryland Coalition of Families and Manatt Health - Kick Off

Key Deliverables

- **Internal Report** for BHA review, including:
  - Key findings from the current state assessment
  - Initial recommendations for addressing gaps
  - Logic model and evaluation strategy
- **Public-Facing Roadmap** detailing a vision for change and practical steps to improve Maryland's behavioral health system for children and youth

Next Steps: June / July Stakeholder Engagement Sessions

June 26th Commission Workgroup Meeting

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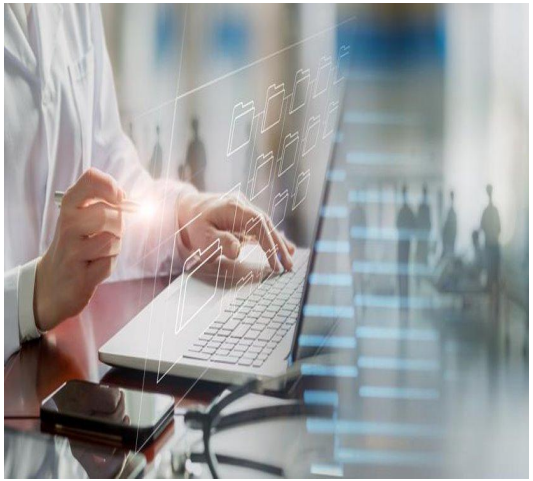
Major IT Development Project (MITDP): Bed Registry and Referral System (BRRS)

The Maryland General Assembly passed **House Bill 1121** in 2021.

Synopsis: Establishing the Maryland Mental Health and Substance Use Disorder Registry and Referral System in the Maryland Department of Health to provide a statewide system through which health care providers can identify and access available inpatient and outpatient mental health and substance use services for patients…



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BRRS: High Level Requirements

A major information technology development project is currently in flight to bring the Bed Registry and Referral System (BRRS) to life. Maryland's BRRS will support:

- A searchable inventory of providers of private and public Behavioral Health/Substance Use Disorder (MH/SUD) services including inpatient, crisis, and outpatient services.
- The capability to allow a provider of mental health and substance use disorder services to update registry information preferably including the real-time availability of services.
- An electronic referral system that is available to any health care provider in the State to facilitate electronic referrals to mental health and substance use disorder providers.
- Crisis lines accepting all calls and dispatching support based on the assessed need of the caller.
- Mobile crisis teams dispatched to wherever the need is in the community.
- Collaboration with CRISP Chesapeake Regional Information System for our Patients (CRISP).

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BRRS: Recent Project Accomplishments

October 2023

Finalized the procurement strategy. Decided upon the National Association of State Procurement Officers (NASPO) vehicle vs. the traditional Request for Proposal (RFP) approach for quickness.

November 2023

- Completed market research on available products. Products reviewed include Behavioral Health Link, ESO, OpenBeds, and Juvare.
- Obtained Department of Information Technology (DoIT) approval to leverage the NASPO contract for procurement.

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BRRS: Recent Project Accomplishments Continued

January 2024

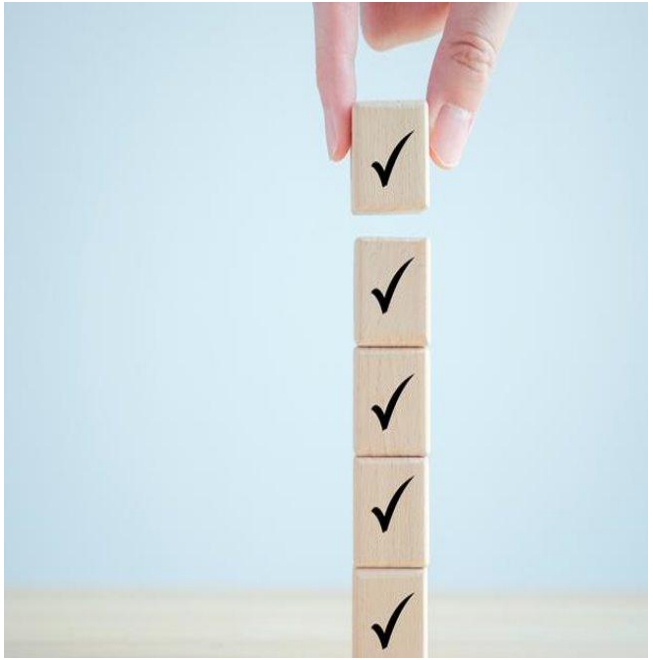
- Obtained guidance and procurement templates from MDH procurement team for use of the NASPO procurement vehicle.
- Completed development of business requirements document.

February, March 2024

- Completed procurement documentation.
- Completed lessons learned sessions with the States of Missouri and North Carolina.

April 2024

- Participated in procurement documentation reviews with the MDH procurement team.
- Submitted remaining MDH project resource requests for Secretary approval.



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BRRS: Upcoming Project Milestones

May 2024

MDH approval of the NASPO procurement documents.

June 2024

DoIT and Department of General Services (DGS) approval to solicit.

September 2024

Onboarding of remaining MDH project resources.

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BRRS: Upcoming Project Milestones Continued

November 2024
Solicitation evaluation and award.

December 2024
Project kickoff with awarded vendor.

Summer 2025
Commence rollout of first module (assuming out of box functionality of selected product meets requirements)

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BRRS: Project Summary Status

Project Area	RAG	Comments
Overall Status	✅	The overall project status is being set as “On Track”.
Budget	✅	Current MITDP Funding: $7,061,420. No concerns or unexpected expenses.
Scope	✅	No unexpected scope creep at this time.
Schedule	✅	At this time initial project implementation and operations are anticipated to be completed by November 2026. This may change once a vendor is onboarded and more robust project planning is completed. **Warning**:To remain green, it is critical that DoIT and DGS procurement approvals are received by June 30, 2024.
Resources	✅	Recruiting for remaining MDH project resources is currently in progress. MDH is submitting a task order request to recruit. **Warning:** To remain green, MDH must onboard key project resources by September 30, 2024.

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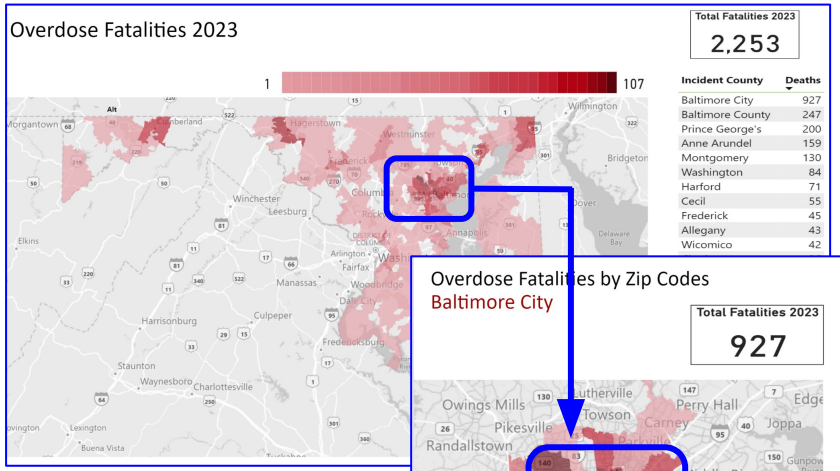
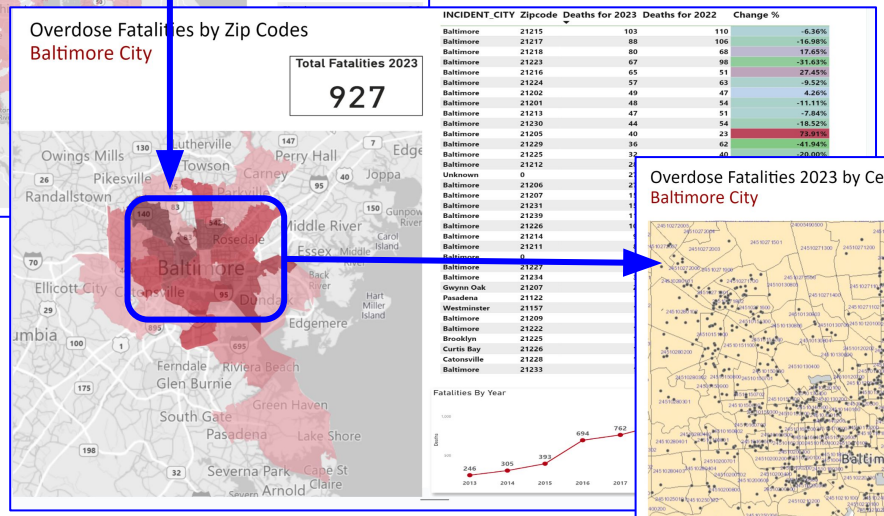
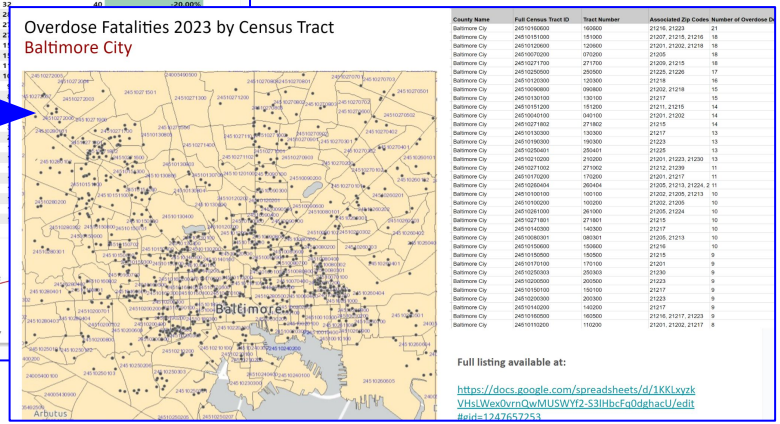
Overdose Data & Self Service Dashboard

Katy Bhide
MDH Chief Data Officer

Overdose Fatalities: Geospatial Analysis





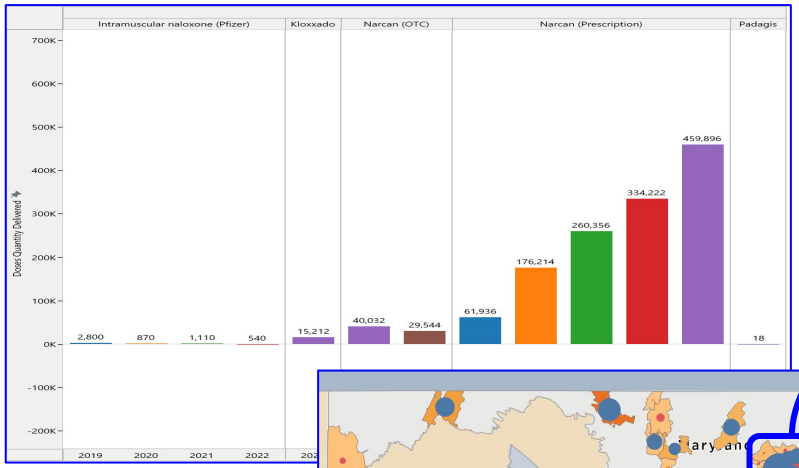


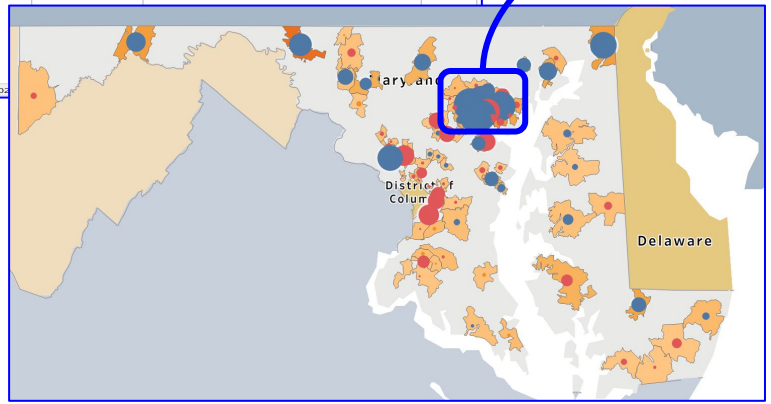
An internal data analysis of OCME-reported unintentional intoxication overdose deaths in 2023 was conducted. This analysis identified hotspots at the county level across the state. Further examination at the zip code level was carried out for all counties to pinpoint areas with the highest fatalities. In counties with a high fatality rate, an additional analysis at the census tract level was performed to identify areas with the most incidents.

Data Source:
This dashboard contains data from the Office of the Chief Medical Examiner (OCME) pertaining to **Unintentional Intoxication Overdose deaths** in 2023. Information contained within this dashboard is preliminary and subject to change as OCME death investigations are finalized.

Naloxone Distribution: Trends and Correlation With Zip Code Level Fatalities

Naloxone Distribution Trend from 2019-2023

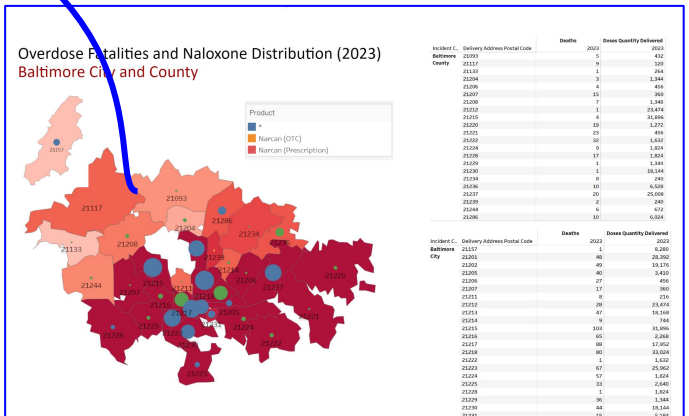




Naloxone distribution trend analysis from 2019 to 2023. The bar chart indicates a steady increase in Naloxone distribution since 2019.

The two maps below illustrate the correlation between overdose fatalities and Naloxone distribution at the county and zip code levels. The objective of this study was to examine the proportion of Naloxone distribution relative to fatalities.

This baseline study of fatalities and Naloxone distribution and their correlation will assist in implementing targeted interventions and tracking progress at the community level.



Next Steps: Upcoming Self Serve Dashboard

An interactive and fully self served dashboard is being developed for overdose data visualization

Data Sources

Overdose Fatalities data from OCME/VSA

Non Fatal OD ED Visits, EMS from ESSENCE

Naloxone Distribution data from CHRS

SUD service utilization from PBHS

Advanced Filters

Time Series: Year (2014-2024), Month

Geo: County, Zip

Substances: Opioid related and non Opioid substances

Demographics: Age, Race, Sex

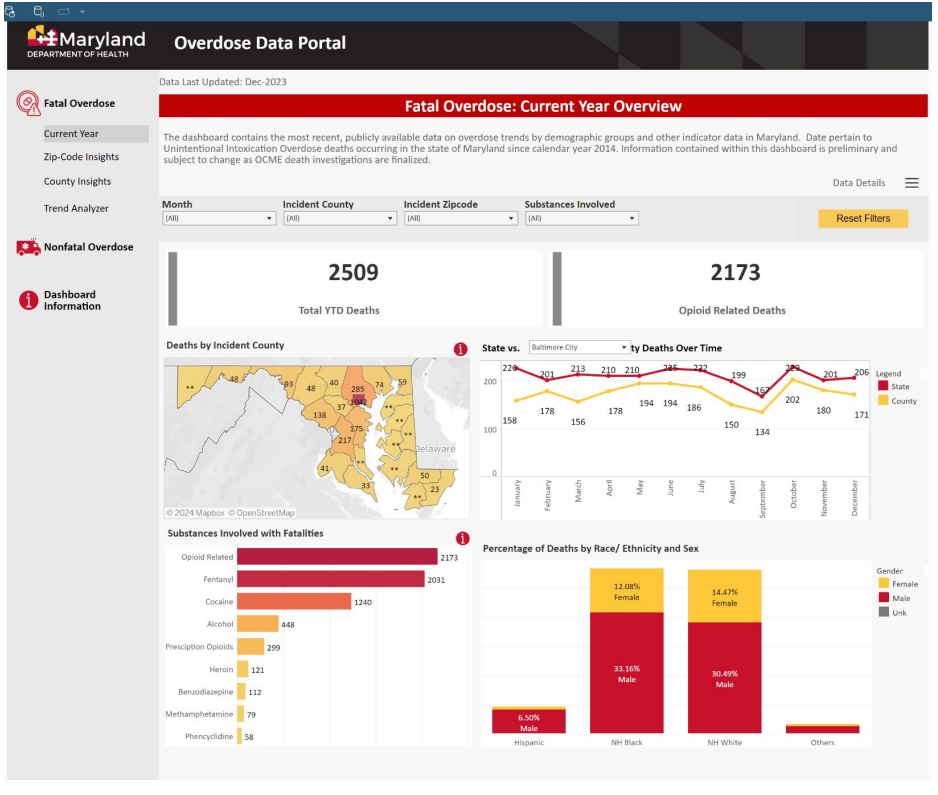
Features

Maps

% Change over time

Multi-Tiered Trend analyzer

Population rates at county level for demographics categories



Maryland
DEPARTMENT OF HEALTH

Maryland Health Care Commission's Behavioral Health Workforce Study

Ben Steffen
Executive Director of the Maryland Health Services Cost Review Commission

Commission on Behavioral Health Care Treatment and Access

Maryland Health Care Commission's Work: Behavioral Health Workforce Assessment and Payments

May 29, 2024

MHCC's Current Behavioral Health Access Studies and Duties

- Actuarial Examination of the Adequacy of Reimbursement for Behavioral Health Outpatient Services Delivered In-person and by Telehealth (HB) due December 2024 (2023 Session HB 1148). Findings will inform the debate on payment parity and permanency of telehealth flexibilities put in place during the COVID-19 PHE . Milliman is assisting with this study
- SB 283 in 2023 Session established the Behavioral Health Workforce Investment Fund and required the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment by October 1, 2024 (2023 Session, SB 283/HB 418). Trailhead Strategies is assisting with this study
- Other related studies
  - Impact of Private Equity Firms on access to Health Care and Maryland ability to meet TCOC objectives
  - HMO - Payments to Nonparticipating Providers - Reimbursement Rate (HB 570 – Failed)
- Health Planning/CON Responsibilities
  - Acute inpatient psychiatric services, acute inpatient drug rehab (ASAM 3.7), and Residential Treatment Centers

State of Maryland

BEHAVIORAL HEALTH WORKFORCE ASSESSMENT May 29th

Briefing

Informing the design of the BH Workforce Investment Fund under SB 283

TRAILHEAD STRATEGIES

Maryland Senate Bill 283

Signed into law May 3rd, 2023

Establishing the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals…

…and requiring the Maryland Health Care Commission, in coordination with certain other agencies, to conduct a comprehensive behavioral health workforce needs assessment by October 1, 2024.

TRAILHEAD STRATEGIES

The data you will see is our team's analysis of Lightcast estimates, the market leader in labor market analysis software and modelling. Sources include:

BUREAU OF LABOR STATISTICS OCCUPATIONAL EMPLOYMENT STATISTICS

CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY

REAL-TIME JOB POSTINGS DATA

Link to full methodology for Lightcast Estimates

WE PULLED DATA BASED ON 15 STANDARD OCCUPATIONAL CLASSIFICATION (SOC) CODES

CATEGORY	OCCUPATION	SOC CODE(S)
Core BH Occupations	Social and Human Services Assistants	21-1093
	SUD and BH Counselors and Therapists	21-1011 /21-1013
	Psychiatric Aides and Technicians	31-1133 /
	Social Workers in BH settings	29-2053
	Psychologists (Clinical and Counseling)	21-1023
	Psychiatrists	19-3033
		29-1223
Nursing Pathway	Nursing Assistants (e.g., CNAs)	31-1131
	Licensed Vocational/Practical Nurses (LPNs)	29-2061
	Registered Nurses (RNs) (includes Advanced Practice Nurses)	29-1141
	Nurse Practitioners	29-1171
Adjacent	Rehabilitation Counselor	21-1015
	Community Health Workers	21-1094
	Physician's Assistants	29-1071

In 2023 there were

31,357 BEHAVIOR HEALTH PROFESSIONALS

Working in BH settings in MD.

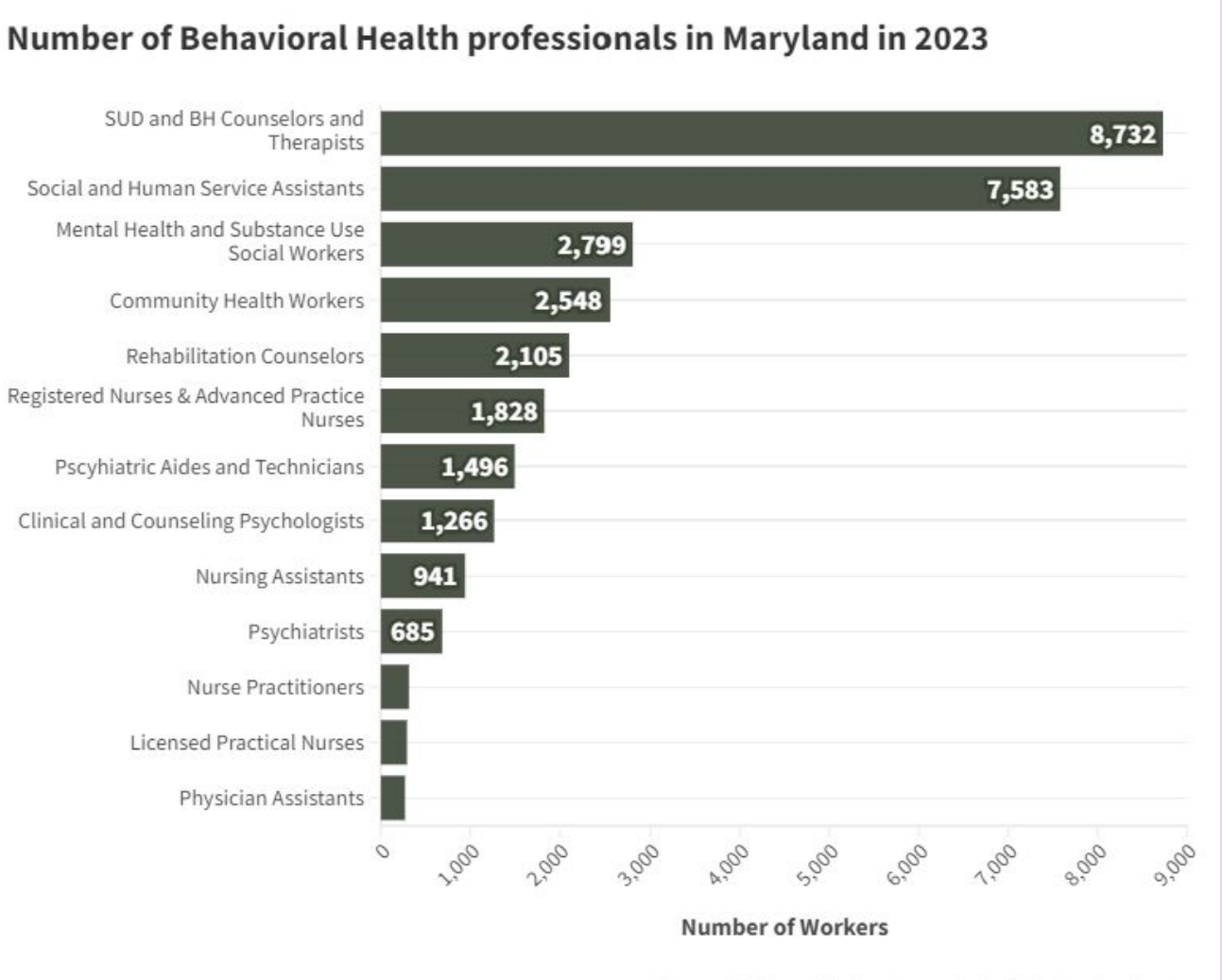
Occupations with highest employment numbers were:

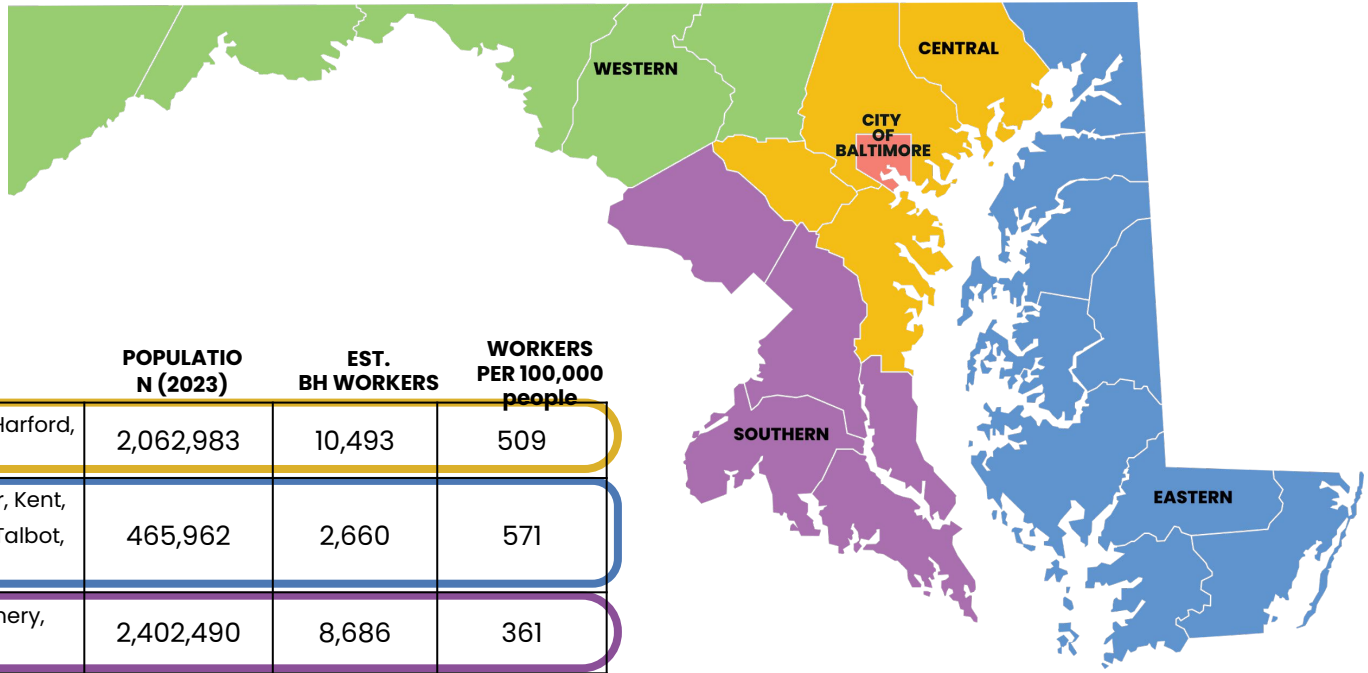
SUD/MH Counselors and Therapists **8,732**

Social and Human Service Assistants **7,583**

Social Workers **2,799**

For positions employed in settings across health care, we use national estimates of the number employed in BH settings (e.g., an estimated 4% of RNs are employed in





MARYLAND REGIONS	COUNTIES	POPULATION (2023)	EST. BH WORKERS	WORKERS PER 100,000 people
Central	Anne Arundel, Baltimore, Harford, Howard	2,062,983	10,493	509
Eastern	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester	465,962	2,660	571
Southern	Calvert, Charles, Montgomery, Prince George's, St. Mary's	2,402,490	8,686	361
Western	Allegany, Carroll, Frederick, Garrett, Washington	727,583	3,280	451
City of Baltimore	City of Baltimore	569,931	6,234	1,108

A few other takeaways from our analysis

- ~75% of BH paraprofessionals make less than a living wage ($51,460)
- ~90% of SUD and MH Counselors, Therapists, and Social Workers make below a living wage for a single adult and one dependent in Maryland ($86,850)
- Hispanic/Latinos are underrepresented in the BH workforce overall and in every individual occupation we looked at in all 5 regions
- Black or African American workers are overrepresented in lower paying jobs and underrepresented in higher paying jobs
- ~72% of Prescribers are White or Asian in MD, compared to 55% of the population
- Majority of BH workforce is female, except Psychiatrists

ESTIMATING THE SHORTAGE

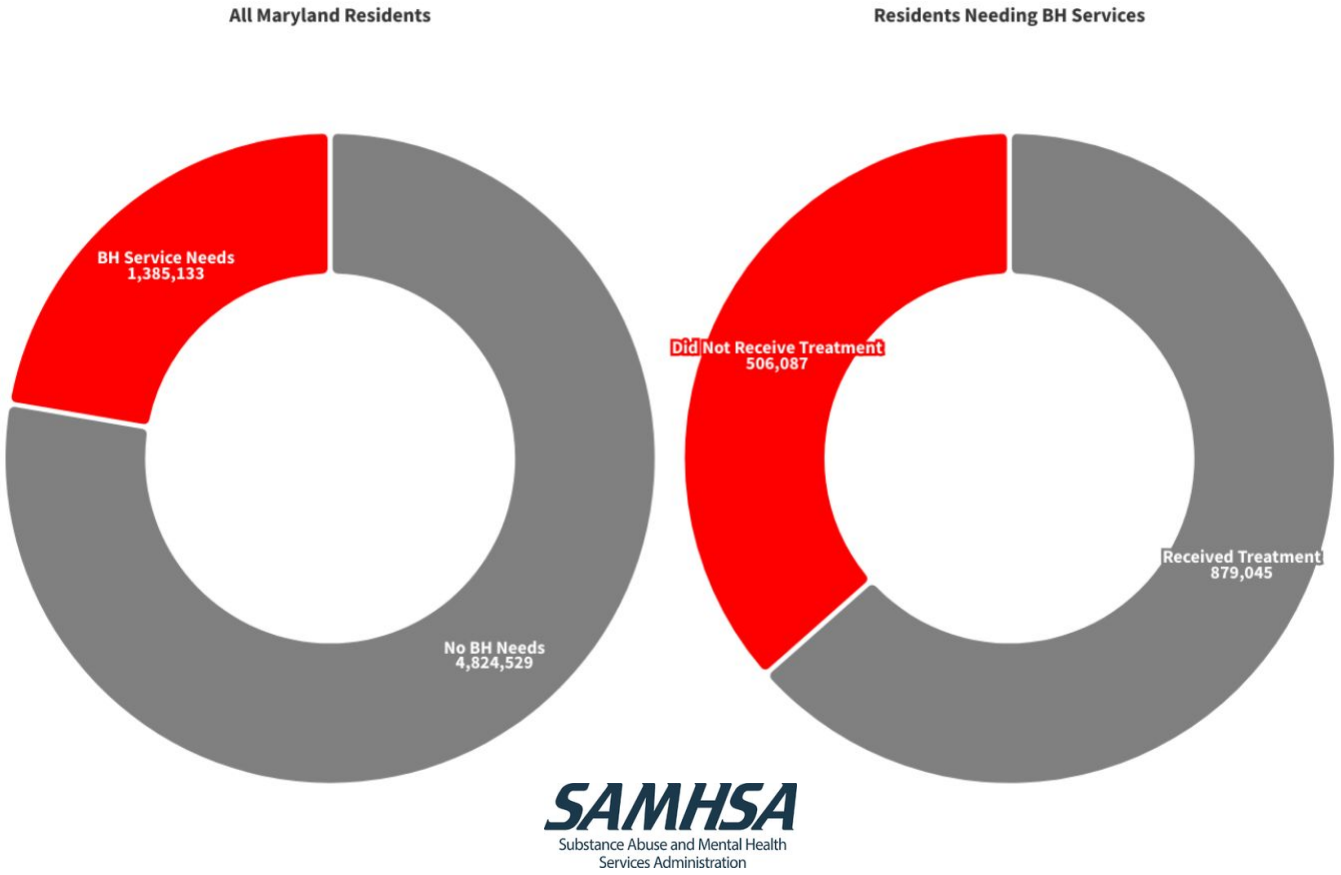
How many workers do we need today and in the future?

WE ESTIMATE 22%, OR 1,385M MD RESIDENTS NEEDED BH SERVICES IN 2023

- ~63% of those residents received a treatment or service.
- ~37%, or ~500,000 residents, did not receive a treatment or service.

Maryland Met and Unmet Need for Behavioral Health Services

2023 Estimates



Source: Trailhead analysis of SAMHSA NSDUH Estimates based on 2012-2014, 2014-2016, and 2016- 2018 trends.

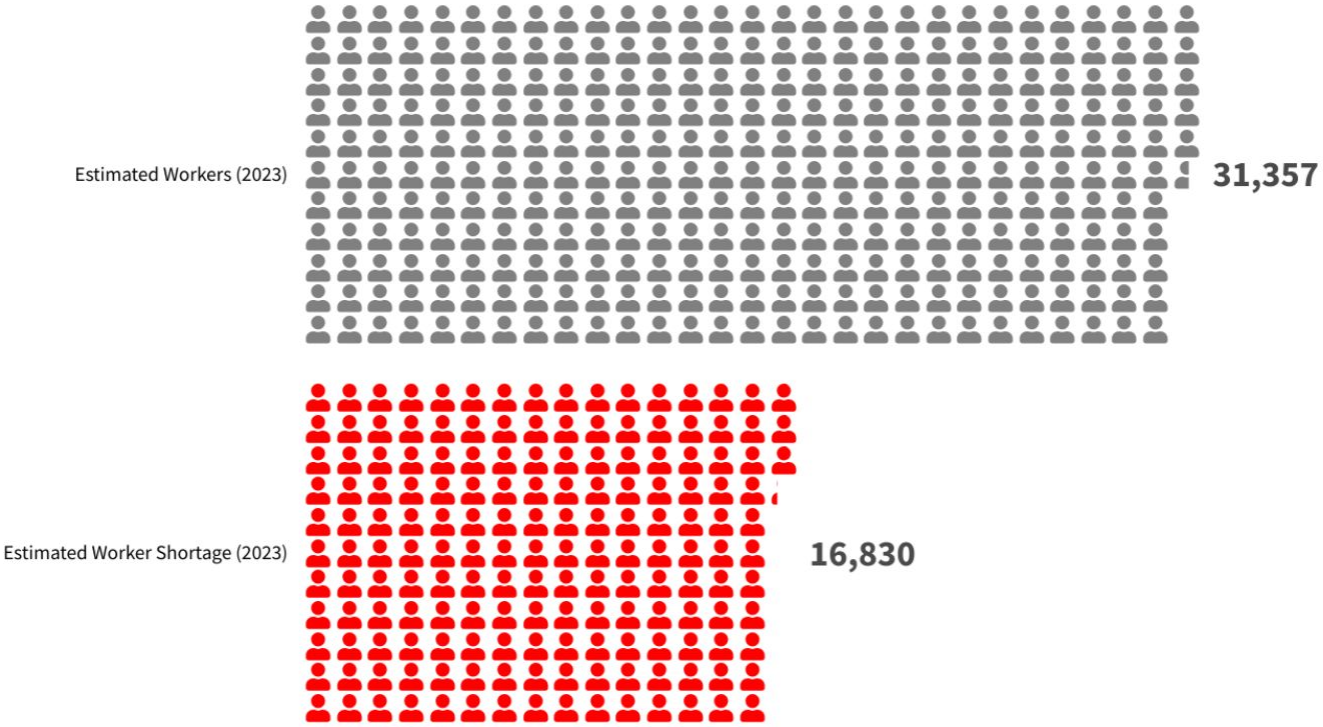
THE WORKFORCE NEEDS TO INCREASE BY 50% TO MEET UNMET NEED RIGHT NOW.

Today's workforce is ~50% short of what is needed to meet unmet need.

16,830 additional workers are needed to serve the ~500,000 Maryland residents with unmet need for substance use disorder or a mental illness right now.

= 100

Category



Source: Trailhead Strategies analysis of SAMSHA, Census, and Lightcast Estimates

Shortage Estimates by Core BH Occupation

Occupation	Workers Employed (2023)	Needed Next 5 Years*	Replacement Workers Needed by 2028**	Total Workers Needed by 2028
SUD and BH Counselors and Therapists	8,732	5,784	3,748	9,532
Social and Human Service Assistants	7,583	4,029	4,000	8,029
Mental Health and Substance Use Social Workers	2,799	1,651	1,024	2,675
Psychiatric Aides and Technicians	1,496	938	802	1,740
Clinical and Counseling Psychologists	1,266	745	315	1,060
Psychiatrists	685	339	92	431

*Based on Trailhead's analysis of SAMHSA unmet need data and estimated population and occupational growth rates.

**Based on estimated replacement rates per occupation, which considers retirements, those leaving the State of Maryland, and those leaving their occupation.

Themes from Interviews and Townhalls

NARROWING THE FOCUS OF THE FUND

Occupations:
Peer Recovery Specialists
Addiction Counselors
Professional Counselors
Social Workers
LPN & RNs BH
Psychiatric Nurse Practitioners
Psychiatrists

Settings:
Community-based providers
FQHCs / CCBHCs*
Crisis Care Continuum Schools

Populations:
Children/Youth
Older adults

ATTRACTING NEW ENTRANTS

- Need for structured **"Earn and Learn"** pathways for peers and A&D counselors
- Master's level unpaid internships are a major problem
- Need for "Gap funding" and infrastructure to expand community BH supervision opportunities
- Greater BH career awareness in K-16
- Stigma for NPs, RNs, LPNs, and

RETAINING EXISTING STAFF

"If we don't focus on the staff we have now with the Fund, It will be like pouring water Into a cup with leaks In the bottom. It won't work."

- MD BH Policy and Advocacy Leader

- Mapping and supporting the CBH version of CNA to LPN to RN in BH.
- Supporting CBH employment in job design efforts (e.g., navigating student loan forgiveness, setting up flexible schedules, structuring tuition assistance/scholarship programs, offering sabbaticals.

SERVICE DELIVERY INNOVATIONS

"Hiring a Psychiatrist as a medical director is not an option"

– Medicated Assisted Treatment service provider.

- Funding projects that expand adoption of the collaborative care model (CoCM)
- Infrastructure and set-ups costs for alternative models for prescribing in CBH settings (e.g., e-consult, contract work).

We built a crisis center for children but have not been able to open for a year due to a lack of licensed clinicians and other staff.

--COMMUNITY-BASED PROVIDER IN A RURAL COMMUNITY

If we don't focus on the staff we have now with the Fund, It will be like pouring water Into a cup with leaks In the bottom. It won't work.

--MD BH POLICY AND ADVOCACY LEADER

How are other states structuring workforce funds or investments?

4 Examples

- Massachusetts $20M BH Supervision Fund
- Ohio $5M Welcome Back Campaign
- California $23M SUD Counselor “Earn and Learn” Grant Program
- New Jersey Pay it Forward Fund

Massachusetts CBH Supervision Fund

Summary	Subcontract with BH provider organizations (employers) in community-based settings to incentivize new, or enhance existing, clinical supervision of students pursuing BH degrees and BH workers-in-training pursuing certification or licensure.
Funding	• $20 Million • Part of the larger $192 Behavioral Health Trust Fund, established in 2023 with ARPA funds
Target Occupations	Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), Marriage and Family Therapists, Certified Drug and Alcohol Counselor
Eligible Recipients	Employers in community-based settings – with priority for providers of diverse backgrounds and providers who practice in underserved and geographically isolated areas
Notes	• Funds can be used for incentives (including bonuses and wage-replacement) or contracting for clinical supervision • Must be unreimbursed supervision hours • Administered through EOHHS through a prime contractor that will serve as Trust Fund administrator

Ohio Welcome Back Campaign

Summary	Ohio allocated $5M from the $85M Workforce Development Strategic Fund to incentivize people to return to the behavioral health workforce.
Funding	$5 Million in ARPA Funds
Target Occupations	Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), Marriage and Family Therapists, Certified Drug and Alcohol Counselor
Eligible Recipients	Community Behavioral Health Centers (CBHCs) can apply for funds, which are distributed to workers who: • Provide direct care or support to CBHC clients • Previously held a direct service but have not been employed in a direct service role for 30 days
Goals and Outcomes	Increase the number of behavioral health providers returning to community-based settings. • ~1,500 providers if the program is successful
Notes	• $3000 to newly hired employees OR $2500 to newly hired employees and $500 to referring staff • Providers request disbursement at end of each quarter

California SUD "Earn and Learn" Grants

Summary	In 2023, California awarded $23M to six training programs (one community college, two universities, and three non-profit organizations) to provide education, paid field placements, supportive services (e.g., transportation, exam fees) and employer incentives to help interested candidates get registered, certified, and employed as Substance Use Disorder Counselors.
Funding	$23M, part of a larger $329M investment in direct grants over the last two years in BH workforce programs funded through CA MHSA Funds, Opioid Settlement Funds, and the CA General Fund.
Target Occupations	Substance Use Disorder Counselors
Eligible Recipients	Colleges and training providers that provide approved addiction studies programs that lead to state certification.
Goals and Outcomes	475 new SUD Counselors certified and placed in employment.
Notes	• Trainees receive a $25,000 education and field placement stipend • Creating/expanding SUD Counselor Registered Apprenticeship programs • Grants administered by the CA Dept. of Health Care Access and Information (HCAI)

New Jersey Pay it Forward Program

Summary	The New Jersey Pay It Forward Program provides zero-interest, no-fee loans for participants to enroll in high-quality job training, especially those who may not have the savings to pay for training or the credit history for a loan. Participants pay no upfront costs and receive living stipends and supportive services including access to emergency aid funds and mental health counseling to help them succeed.
Funding	$14.8M in philanthropic and NJ general funds ***Note:*** After completing training, if participants earn above a minimum salary (e.g., $50,730 for those with a household of three), they pay back their loans through monthly repayments of 10% of their discretionary income for up to five years. If they don't earn more than this minimum salary, they pay nothing.
Target Occupations	RNs, Cybersecurity, HVAC, Welding
Eligible Recipients	Targeting individuals unrepresented in these fields who have exhausted Pell Grants, scholarships, or subsidized loan opportunities.
Outcomes	• 100 learners enrolled as of April 2023 • 75% of students of color • 19 RNs graduated through Hudson County Community College
Notes	The County of San Diego HHSA has secured $15M to set up a similar 0% loan fund specifically for students in Psychology, Counseling/Therapy, Social Work, Psych NP programs that have unmet financial need after exhausting available financial aid.

Next Steps

1

Incorporate education outcome data into model

(June)

2

Draft fund size, recommended programs, and fund administration

(July)

3

Submit report to MHCC

(August)

Thank you

Maryland
DEPARTMENT OF HEALTH

Maryland Consortium on Coordinated Community Supports

May 29, 2024

Objectives

- Overview of Consortium
- Update on Consortium grants
- Alignment with Behavioral Health Continuum of Care for Children and Adolescents

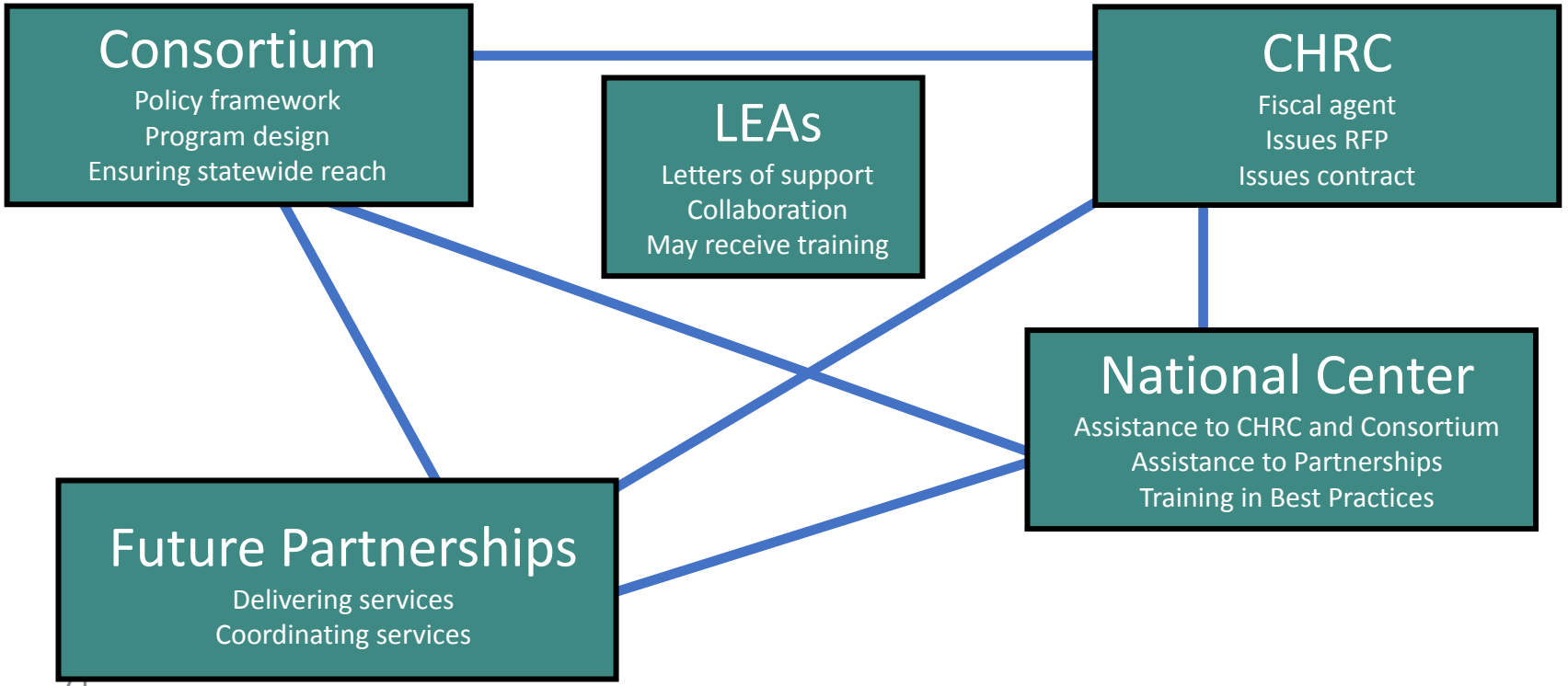
Maryland Consortium on Coordinated Community Supports

- Added as an amendment to HB 1300 of 2020, Blueprint for Maryland's Future
  - Legislators wanted to do more to address student behavioral health
  - "Housed" at CHRC
- A new state agency to expand access to student behavioral health services and related "wraparound" needs (see next slide)
- Former Del. David D. Rudolph appointed chair in July 2022
- National Center for School Mental Health provides technical assistance and training

Consortium Statutory Objectives

1. Support development of Coordinated Community Supports Partnerships to meet student behavioral health and other needs.
2. Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.
3. Provide expertise in best practices in delivery of behavioral health and wraparound services.
4. Develop statewide framework for partnerships.
5. Ensure supports are holistic and coordinated with other youth-serving agencies.
6. Expand available supports by maximizing Medicaid, commercial insurance, etc.
7. Implement grant program to deliver services and supports.
8. Evaluate provider reimbursement system.
9. Develop best practices for positive classroom environment.
10. Ensure geographically diverse plan to ensure access to services within 1-hour drive.
11. Develop accountability metrics.
12. Use accountability metrics to develop best practices to deliver supports and services and maximize federal, local, and private funding.

Implementing agencies



Consortium Membership

David D. Rudolph, Chair

Erin McMullen, Chief of Staff, Office of the Secretary, MDH

Emily Bauer, Two-Generation Pgm Ofcr, Dept of Human Services

Edward Kasemeyer, Chair, CHRC

Mary Gable, Assistant State Superintendent for Student Support and Academic Enrichment

Derek Anderson, Dir of Community Schools, Maryland Department of Education

Christina Bartz, Dir of Community Based Programs, Choptank Community Health System

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Tammy Fraley, Allegany Co. Board of Education

Dr. Donna Christy, School Psychologist, Prince George's Co. Public Schools (MSEA rep)

Gail Martin, former Baltimore Co. Public Schools Team Leader, School Social Work

Dr. Bradley Petry, Maryland School Psychologists Association

Dr. John Campo, MD, Dir of Mental Health, Johns Hopkins Children's Center, JHU Hospital

Sadiya Muqueeth, JHU, Baltimore City Health Dept, and member, CHRC

Ryan Moran, Dep Sec, Health Care Financing & Medicaid Dir, Maryland Dept of Health

Larry Epp, Ed.D., Dir of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt

Gloria Brown Burnett, Dir, Prince George's Co. Dept of Soc Svcs

Michael A. Trader, II, Dir of Planning, Quality, and Core Svcs, Worcester Cty Health Dept

Dr. Maureen Ponce, President, Maryland School Counselors Association

Senator Katie Fry Hester

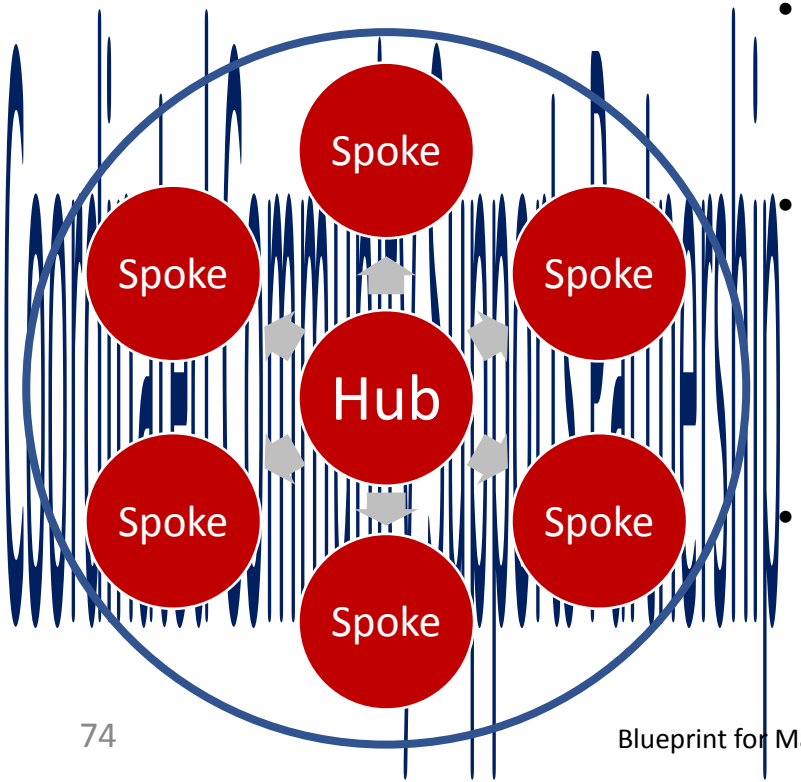
Delegate Eric Ebersole

The Consortium currently has four vacancies.

Consortium Subcommittees

1. **Framework, Design, & RFP** – Dr. Sadiya Muqueeth
2. **Data Collection/Analysis & Program Evaluation** – Dr. Larry Epp
3. **Outreach and Community Engagement** – Tammy Fraley
4. **Best Practices** – Dr. John Campo and Dr. Derek Simmons

Partnerships: Legislative Requirements



- Partnerships should be "formed," serve an "area," and involve many different kinds of organizations and people.
- Partnerships must be "community-based, family driven, and youth-guided," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs."
- Partnership grants may include "partnership coordinators" and "reasonable administrative costs."

Blueprint for Maryland's Future (Md. Code, Educ. § 7-447.1)

Status of current grant programs

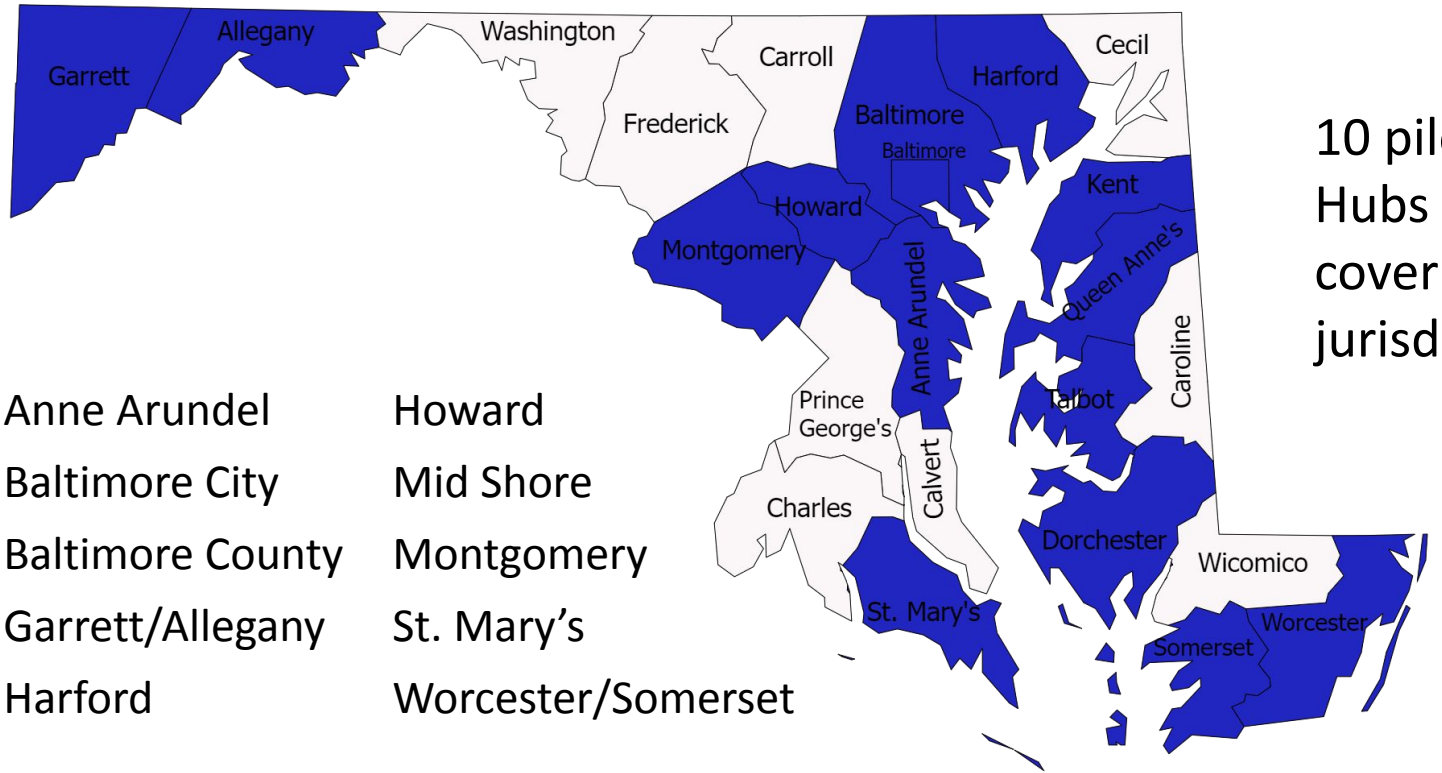
Services RFP

- Awards made by CHRC February 8, 2024
- 129 proposals awarded, $111 million
- 70 programs have launched; 114 plan summer programming
- Grant period March 1, 2024 – June 30, 2025

Hub Pilots RFP

- Awards made by CHRC March 19, 2024
- Pilot up to 10 Hubs
- Local Behavioral Health Authorities & Local Management Boards
- Grant period April 1, 2024 – June 30, 2025

Pilot Hubs: Geographic Distribution



10 pilot Hubs covering 15 jurisdictions

Anne Arundel	Howard
Baltimore City	Mid Shore
Baltimore County	Montgomery
Garrett/Allegany	St. Mary's
Harford	Worcester/Somerset

Hub pilots - Deliverables

1. Hub governance roles and responsibilities
2. Needs Assessment
3. Asset Map
4. Service referral process
5. Potential staffing model and budget for future Partnership Hub
6. Data-sharing plan
7. Signed MOUs with schools and service providers

Deliverables are designed to help Hub pilots apply as full Community Supports Partnerships. RFA in December 2024, grant period July 2025 – June 2026.

Future: Becoming a Community Supports Partnership

- After the pilot phase, Hubs will apply with service providers to become full Community Supports Partnerships.
- As full Community Supports Partnerships, the role of Hubs will evolve:

1. Hubs will coordinate the activities of the service providers
2. Hubs will become the fiduciary for service providers (subcontracting relationship)
3. Service providers will report data directly to Hubs

129 services grantees - Snapshot

- At least one grant from every jurisdiction of the state.
- Geographic balance and equity considered.
- On balance, grants address all three tiers of MTSS and full age range pre-K-12.

- Aligned to support Behavioral Health Continuum of Care for Children and Adolescents.
- Most grantees will receive training in one or more of the 15 Priority EBPs.
- Most grantees will participate in Measurement-Based Care learning collaborative.

129 services grants - Snapshot

Grants will support many different types of programs prioritized by local jurisdictions, including:

- School-wide preventative programming
- Individual, group, and family therapy
- School staff training
- Supports and education for families and/or parents/caregivers
- Afterschool programs
- Telehealth
- Navigation to supports and services
- Therapeutic summer camps
- Substance use
- Medication management
- Suicide prevention
- Peer support
- Mental health apps

Behavioral Health Continuum of Care for Children and Adolescents (MDH)

Prevention/Promotion				Primary Behavioral Health			Urgent/Acute Care		Treatment / Recovery	
Promotion	**Universal Prevention**	**Selective Prevention**	**Indicated Prevention**	**Outpatient Care**	Intermediate Community Care	Intensive Community Based Care	**Urgent/ Crisis Care**	Acute Treatment	Sub-Acute Intervention	**Recovery Supports**
• General Outreach • Pop Specific Outreach • Comms Campaigns	• ACE Awareness • Social and Emotional Learning modules • School-Based Services (Tier 1)	• Good behavior game • SBIRT • Harm Reduction • Early childhood MH consultations w/ brief treatment	• SBIRT • Home Visiting • Mental Health First Aid • TAY • Early childhood MH consultations w/ brief treatment • DHS Prevention	• Community-Based Services • Case Mgmt • MH Client Support Services • Drug Court • Outpatient Detox • MAT • Brief intervention - PCP • School-based care	• Youth PRP • Youth TBS • DDA Youth Community Supports Services	• Partial Hospitalization • Intensive outpatient (IOP) • Intensive in home supports (EBPs) under 1915i	• 988 Hotline • Urgent Care Services • Crisis Stabilization Centers • Mobile Crisis Teams • Res Crisis • STOP • Respite	• ED • Inpatient • Inpatient Detox (ASAM 4.0, 3.7-D)	• ASAM 3.5/3.7 • Intensive in-home supports (EBPs) under 1915i • MAT	• State Care Coor. • MDRN • START • Family Peers • Adolescent Clubhouse • Recovery schools
			• BHIPP • EPSDT • EMR embedded screening • FEP			• AC • MH • Saf				

Most Consortium work supports prevention/promotion and primary/ outpatient behavioral health.

A few Consortium grants support urgent care, crisis services, and Adolescent Clubhouses (recovery).

Case Study: Baltimore City

Behavioral Health System Baltimore

BALTIMORE CITY PUBLIC SCHOOLS

Services (11 grants):

Promotion	Mental health awareness, parent education
Universal Prevention	Social Emotional Learning, educator training, suicide prevention
Selective Prevention	Afterschool programs, peer support, therapeutic summer camps, parenting support
Indicated Prevention	SBIRT, support groups, linkages to wraparound supports
Outpatient Care	School-based services, linkages to community-based services, navigation and care coordination, telehealth services, school-based health centers

Behavioral Health Continuum of Care for Children and Adolescents (MDH)

Prevention/Promotion				Primary Behavioral Health			Urgent/Acute Care		Treatment / Recovery	
Promotion	**Universal Prevention**	**Selective Prevention**	**Indicated Prevention**	**Outpatient Care**	Intermediate Community Care	Intensive Community Based Care	**Urgent/ Crisis Care**	Acute Treatment	Sub-Acute Intervention	**Recovery Supports**
• General Outreach • Pop Specific Outreach • Comms Campaigns	• ACE Awareness • Social and Emotional Learning modules • School-Based Services (Tier 1)	• Good behavior game • SBIRT • Harm Reduction • Early childhood MH consultations w/ brief treatment	• SBIRT • Home Visiting • Mental Health First Aid • TAY • Early childhood MH consultations w/ brief treatment • DHS Prevention	• Community-Based Services • Case Mgmt • MH Client Support Services • Drug Court • Outpatient Detox • MAT • Brief intervention - PCP • School-based care	• Youth PRP • Youth TBS • DDA Youth Community Supports Services	• Partial Hospitalization • Intensive outpatient (IOP) • Intensive in home supports (EBPs) under 1915i	• 988 Hotline • Urgent Care Services • Crisis Stabilization Centers • Mobile Crisis Teams • Res Crisis • STOP • Respite	• ED • Inpatient • Inpatient Detox (ASAM 4.0, 3.7-D)	• ASAM 3.5/3.7 • Intensive in-home supports (EBPs) under 1915i • MAT	• State Care Coor. • MDRN • START • Family Peers • Adolescent Clubhouse • Recovery schools
						• ACT • MHSS / MRSS • Safe Stations		• Targeted Case Management • Res. Treatment		
			• BHIPP • EPSDT • EMR embedded screening • FEP							

Baltimore City programs focus on prevention/promotion and primary/ outpatient behavioral health

Staff contact information & website

Mark Luckner, CHRC Executive Director

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Consortium website:

https://health.maryland.gov/mchrc/Pages/Maryland-Consortium-on-Consolidated-Community-Supports.aspx

Consortium mailing list

Additional Platform for Questions

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Questions and Comments

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