FUNDMARYLAND988 CAMPAIGN
Crisis Services for Anyone, Anywhere, Anytime

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Jourdan Green
Director, Office of Regulation and Policy Coordination
Maryland Department of Health
201 West Preston Street, Room 512
Baltimore, MD 21201

Director Green,

Thank you for the opportunity to comment on the proposed Regulations under the new chapter, **COMAR 10.09.16 Behavioral Health Crisis Services**, and the new proposed amendments and additions to **COMAR 10.63.01, COMAR 10.63.02, and COMAR 10.63.03 under Subtitle 63 Community-Based Behavioral Health Programs and Services.** Taken together, these new Regulations will significantly expand behavioral health crisis services and support the implementation of the 988 Suicide and Crisis Lifeline in Maryland.

The **Fund MD988 Campaign** **(the Campaign)**, a coalition of over 70 Maryland organizations, is grateful that the state is pursuing these opportunities. Mobile crisis team (MCT) and behavioral health crisis stabilization center (BHCSC) services are essential components to the Crisis NOW model outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care. These services, along with having someone to call through 988, comprise a comprehensive set of crisis response services and can offer an effective alternative to 911, law enforcement, emergency medical services (EMS), and hospital emergency departments (EDs) for those experiencing emergency behavioral health crises.

Maryland has wisely invested in MCT and BHCSC services over the preceding years through grants but has never had a network with adequate capacity. The addition of Medicaid reimbursement has the potential to significantly strengthen Maryland's network of MCT and BHCSC services. The enhanced federal match provided through section 9813 of the American Rescue Plan Act of 2021 only furthers the state's opportunity to bring these services to scale.

Maryland should do everything it can to ensure the new MCT and BHCSC Medicaid services are effective. The Campaign offers the following comments to ensure their success.

Treat Behavioral Health Crisis Services as essential emergency response services

MCT and BHCSC services are no less critical than EMS or hospital EDs. Effective MCT services intervene in the community to provide trauma-informed services that keep those who are in distress safe. BHCSC services provide longer-term stabilization services that are designed specifically for individuals in crisis. These services save lives and allow for a more efficient allocation of other first responders and emergency services. They should not be viewed as traditional mental health or substance use services but instead as emergency response services like EMS or hospital EDs.

The Regulations as written include many provisions that are more restrictive than similar rules for EMS and hospital EDs. We encourage MDH to consider the following changes to align Behavioral Health Crisis Services with their somatic care counterparts:

- **Prohibit MCT prior authorization**: The proposed **COMAR 10.09.16.07 (B)** states that preauthorization is not required for BHCSC services, which is appropriate. Preauthorization should also not be required of MCT services. MCT services are emergency response services that are time sensitive. MCT providers should be able to act with urgency to intervene in the community and not face delay due to preauthorization requirements.
- **Ensure 24/7 services through an EMS/firehouse model**: Providing 24/7 services when demand may fluctuate requires using a 'firehouse' model. This type of model funds first responders in a way that recognizes they may not always be answering calls but are still always needed in case of emergency. The rates in proposed **COMAR 10.09.16.08** are traditional fee-for-service rates that do not consider times of lower utilization. Additional funding, potentially through a bundled rate, is needed to support 24/7 teams during night shifts or other shifts that may have less demand for services.

Provide adequate MCT and BHCSC rates

The rates established in proposed **COMAR 10.09.16.08** will not cover the cost of care. The assumptions made to arrive at these rates were not reflective of the cost of providing services in 2023. The acute behavioral health workforce shortage has caused salaries to spike across the board. Indeed, the proliferation of telehealth job opportunities has made in-person MCT or BHCSC positions less attractive, requiring even higher salaries to fill these roles. Nights and weekend shifts also demand higher pay rates, while administrative and facility overhead has increased due to general inflation. MDH must increase rates to account for these changes in the marketplace and ensure providers can sustain fully staffed services.

Providing adequate rates is a good investment and, especially when considering the 85% federal match. MCT and BHCSC services will save the state millions of dollars through reduced hospital ED and inpatient costs. These cost-savings can only be realized, however, if providers are funded at a level that allows for high-quality services and the retention of qualified staff. MDH must provide rates that support healthy organizations that can engage in quality assurance, avoid staff burnout, provide effective training and supervision, and afford safe and reliable transportation and facilities. The rates as currently proposed will not cover the bare cost of care. The state must invest more to support these services to be successful.

Explicitly connect MCT and BHCSC services to 988 and the behavioral health crisis continuum

The Regulations do not mention the Maryland 988 Suicide & Crisis Lifeline or the role of crisis helplines generally in dispatching MCT. There is also little mention of coordinating MCT and BHCSC services within a system of emergency behavioral health crisis services. MDH should consider including language to encourage strong collaboration amongst Maryland 988 Lifeline providers, MCT and BHCSC providers, and the entire behavioral health crisis continuum.

Revisions to the draft Regulations to address the areas above will ensure effective implementation of the new Medicaid Behavioral Health Crisis Services. Please don't hesitate to reach out to the Campaign with any questions at MD988@bhsbaltimore.org and thanks again for the opportunity to comment.

Fund MD988 Campaign Comment Letter Endorsements

Affiliated Sante Group
Alternative Approaches to Mental Health Crisis Center
American Foundation for Suicide Prevention
Baltimore Crisis Response, Inc. (BCRI)
Baltimore Harm Reduction Coalition
Behavioral Health System Baltimore
Core Service Agency of Harford County
EveryMind
Grassroots Crisis Intervention Center
Harford County Local Addictions Authority
Harford Crisis Response
iMind Behavioral Health
Johns Hopkins Medicine
Legal Action Center
Maryland Citizens' Health Initiative
Maryland Coalition of Families
Maryland Hospital Association
Maryland Nonprofits
Maryland Psychiatric Society
Maryland Psychological Association
Mental Health Association of Frederick County
Mental Health Association of Maryland
Montgomery County Federation of Families for Children's Mental Health
NAMI Maryland
NAMI Metropolitan Baltimore
National Council on Alcoholism and Drug Dependence
On Our Own of Carroll County
On Our Own of Maryland
RI International
The Horizon Foundation of Howard County
The IMAGE Center for People with Disabilities
The Jesse Klump Memorial Fund
The Recovery Center of Maryland
The Talking Drum
Totally Linking Care in Maryland