Maryland Department of Health (MDH) Behavioral Health Administration
M00L
Fiscal Year 2024 Operating Budget
Response to Department of Legislative Services Analysis

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Cory McCray
March 3, 2023

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
March 2, 2023

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support. We thank the Department of Legislative Services for its insightful budget analysis.

MDH should discuss efforts to ensure those with a SUD diagnosis in [the public behavioral health system] PBHS are able to access and receive appropriate services. (pg. 6)

MDH Response: MDH acknowledges additional steps are needed to improve access to substance use disorder (SUD) treatment. Nationally, only 13 percent of people with drug use disorders received any treatment.[1]

The Department is committed to strengthening the behavioral health continuum of care. Some specific efforts to ensure those with a SUD diagnosis can access and receive appropriate services within the public behavioral health system (PBHS) include, but are not limited to:

- Focused communications efforts to help Marylanders use the 9-8-8 Lifeline. Since July 2022, we have responded to 27,263 calls, chats, and texts.

- The 9-8-8 Lifeline's eight crisis call centers help many individuals with an entry into the PBHS and receive specific crisis service referrals at the local level.

[1] https://nida.nih.gov/about-nida/noras-blog/2022/01/making-addiction-treatment-more-realistic-pragmatic-perfect-should-not-be-enemy-good

- Recent federal regulatory changes have enabled greater flexibility with the prescribing of buprenorphine. As such, MDH is pivoting to recruiting and expanding a broader array of prescribers. Overdose death data shows that Black males are at highest risk of an overdose; therefore, we will be focusing on outreach to providers serving this population.

There are 24 SOR initiatives statewide represented in hundreds of community-based organizations, hospitals, and prevention, treatment, and recovery programs that provide the following:

- Providing resources for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD),

- Supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders, and

- Supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.

BHA should comment on what, if any, limitations exist in statewide data collection and reporting on PBHS telebehavioral health utilization. The Department of Legislative Services (DLS) recommends adding budget language restricting funds for program direction in BHA pending submission of expanded data on telebehavioral health utilization. (pg. 9)

MDH Response: The Department concurs and looks forward to providing the requested data.

BHA can report and respond on telebehavioral health utilization data that the PBHS system captures. However, it does not have access to the entire universe (e.g., private and commercial insurance) of telebehavioral health services in Maryland.

BHA should comment on whether efforts to reduce readmissions for SUD patients and whether lessons applied in reducing mental health readmissions could be applied to these patients. (pg. 9)

MDH Response: BHA is continuing to look at the data regarding the increases in SUD patients readmissions. Providers are reporting that since COVID, individuals are presenting with more complex needs and at a higher severity of illness. We currently fund State Care Coordination to assist individuals with SUD diagnoses being discharged from high intensity residential SUD treatment services with connecting to behavioral health treatment and other recovery supports in the community. Through SOR funds, we are also providing funding for Intensive Care

Coordination to assist individuals who have OUD diagnoses who are being released from local detention centers and residential treatment settings with getting connected with behavioral health treatment and community support. Also, through SOR, we have expanded access to crisis response services for individuals who have opioid-related and stimulant use disorders.

With COVID mental health block grant funding, we developed the Maryland Readmission Reduction Program in five jurisdictions with high rates of mental health-related Emergency Department (ED) visits and readmissions. Care Coordinators provide in-reach to the hospitals and to begins engaging the individuals with mental health diagnosis while in the ED and on the inpatient unit. They work with the individuals short-term to assist with transitioning and connecting to a community provider for ongoing services.

MDH (through BHA and Medicaid) is initiating reimbursement for Peer Services provided in specific SUD settings, starting June 1, 2023. Peers will assist with linkages, continuing care barriers, and addressing social determinants of health that interfere with successful retention and recovery.

DLS recommends adding language restricting funds pending submission of a report on the availability of access to MAT, including the distribution of MAT providers across the State. (pg. 11)

MDH Response: The Department concurs.

MDH should discuss specifically how the $35 million in fiscal 2023 is being used. (pg. 13)

MDH Response: In FY 2023, MDH was focused on developing the requirements and regulations for mobile crisis services and crisis stabilization centers; the regulatory development process took longer than expected which impacted our ability to spend the money in FY2023. The Department is still working through our second quarter projections and confirming if part or all of the $35 million will be needed for BHA to close in balance. If this funding is not needed, it will be reverted.

The $35 million is built into both the BHA and Medicaid budgets for FY 2024 to support these efforts to develop the core pillars of a robust crisis response system.

DLS recommends restricting use of the funds until a report is submitted with more specific information on programmatic allocation and use of funds toward stated goals such as shortening hospital stays, achieving timely placement of court-involved patients, and expanding crisis services. (pg. 17)

MDH Response: The Department respectfully does not concur; the plan is being discussed with the Department of Budget and Management and we will share it as soon as possible.

Due to the more favorable enrollment forecast, DLS recommends a $40 million general fund reduction to the Medicaid behavioral health budget. DLS also recommends a $100 million general fund reduction to the fiscal 2023 deficiency, which overstates costs due to a budgeting error. (pg. 18)

MDH Response: The Department respectfully disagrees with the recommendation to reduce the Medicaid behavioral health budget and supports the Governor's budget request as submitted. With the Families First Coronavirus Response Act (FFCRA) continuous enrollment requirement and the federal Public Health Emergency ending in the next six months, future enrollment trends are more uncertain than typical, and major budget reductions would not be prudent at this time.

With regards to the $100 million general fund reduction, MDH is working with DBM to address this item in a supplemental budget.

We understand that the DLS, DBM, and MDH estimates vary; moving forward, we recommend that the three agencies confer before budget decisions on this topic.

DLS recommends reducing the general funds budgeted for infrastructure improvements by $20 million and authorizing MDH to replace these funds with the unappropriated federal block grant dollars [from ARPA]. (pg. 18)

MDH Response: The Department respectfully disagrees and supports the Governor's budget request as submitted.

The ARPA awards already have an approved budget and plan submitted to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and any changes must be approved by SAMHSA. The plan approved by SAMHSA includes awards to local jurisdictions, 211 Maryland, and specific providers in both FY 2023 and FY 2024 to address state priorities for mental health and substance use disorders. Maryland's budget and spend plan was developed following federal guidance and local jurisdictions and other grantees have already received their proposed allocations in FY 2023, and BHA currently is reviewing FY 2024 spend plans. Note that some projects continue into FY 2024, so any funding diverted by the General Assembly would halt projects already in place.

DLS recommends adding language restricting funds pending submission of a report on the actual or estimated status of provider recoupment and forgiveness at the close of the calendar 2023. (pg. 22)

MDH Response: The Department concurs.

MDH should comment with an update on the progress of the new ASO contractor selection and what changes have been suggested and adopted for reforming its contract selection process. (pg. 23-24)

MDH Response:

The current posting on eMaryland Marketplace Advantage is located here: https://emma.maryland.gov/page.aspx/en/bpm/process_manage_extranet/53600

It closes on March 16, 2023. Once the solicitation closes, we anticipate reviewing responses to the Request for Procurement (RFP).

Our guidance principles in the development of this RFP were:

- Ensure prompt payment of valid claims;
- Incorporate expanded reporting, including data sharing with the managed care organizations (MCOs), auditing, quality assurance, and performance;
- to include additional, detailed Service Level Agreements (SLAs) from the previous (current) Behavioral Health Administrative Services Organization (BHASO) contract;
- to ensure adequate transition and testing time from the current vendor to a future vendor;
- increased adherence to standard cybersecurity standards; and
- Other requirements to parallel our Dental Administrative Services Organization RFP.

BHA should explain the operational differences between former and existing 2-1-1 or other behavioral health hotline services and the services provided by the new 9-8-8 line. (pg. 24)

MDH Response: Both 9-8-8 and 2-1-1 press 1 have a shared mission of meeting the needs of those in mental health and substance use crises. For over three years, Maryland has used 2-1-1 press 1 to offer a "no wrong door" approach to crisis services and referrals. This work predates the establishment of the 9-8-8 Lifeline which was launched in July 2022. Presently, five of the eight 9-8-8 Lifeline call centers in Maryland also answer 2-1-1 press 1 calls. Over the next three fiscal years, Maryland plans to complete a full transition from 2-1-1 press 1 to the 9-8-8 Lifeline as part of the larger work of enhancing our behavioral health continuum of care.

MDH should report on whether it anticipates similar uses for the fiscal 2024 funding [for the 9-8-8 Trust Fund]. (pg. 24)

MDH Response: Yes, MDH anticipates utilizing FY 2024 funds in a similar manner to support the current eight call centers (please see the exhibit below). MDH anticipates utilizing funds to recruit, hire, train and retain a call specialist workforce to staff local 9-8-8/Lifeline Centers and unify 988 responses across Maryland. Additionally, 9-8-8 funds will be awarded to expand local crisis center staffing and response structure needed for successful 9-8-8 implementation, as well as, improve Maryland's 9-8-8 call, text, chat response rates and increase Maryland's capacity to meet 9-8-8 crisis contact volume.

Maryland's Lifeline (988) Call Centers

1. Frederick County Hotline
2. EveryMind
3. Community Crisis Services
4. Grassroots Crisis Intervention Services
5. Baltimore Co. Crisis Response
6. Baltimore Crisis Response
7. Life Crisis Center
8. Eastern Shore Crisis Response