Maryland’s Behavioral Health Crisis
Issue Brief | September 2021

According to Mental Health America’s annual ranking of the states, Maryland ranks fourth in the country for the strength of its behavioral health system, but recent headlines reveal that the pandemic has caused unprecedented strain, threatening provider capacity.

Immediate action to stabilize, strengthen, and right-size Maryland’s behavioral health system is needed.

**stabilize** Hold Optum — the state vendor responsible for managing claims for Medicaid-funded behavioral health services—accountable for effective claims processing.

In July 2019, Optum was selected as the state’s vendor to manage authorizations and pay claims for publicly-funded mental health and addiction treatment. After going live in January 2020, Optum’s system demonstrated it was not capable of claims processing. For an 8-month period, Optum paid providers based on historic estimates. Optum re-launched claims processing in August 2020, despite known lack of necessary functioning.

Optum has not proven capable of reconciling estimated payment nor effectively processing current claims. Its claims processing vendor must be replaced.

*Learn more: [http://mdcbh.org/public-policy](http://mdcbh.org/public-policy)*

**strengthen** Build a lasting foundation for accessing a complete continuum of care through state-wide adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

Crisis services are an important component of the behavioral health system but should not take the place of day-to-day treatment and support services that can avert crises. Maryland must adequately resource the full continuum of community-based mental health and addiction treatments so that crisis care is used only when necessary and so individuals have services to be referred to post-crisis. Maryland should adopt the CCBHC model that requires and incorporates crisis services and a broad range of treatment and support options for those with behavioral health needs.

*Read our factsheet on CCBHCs in Maryland or learn more: [https://www.thenationalcouncil.org/ccbhc-success-center/](https://www.thenationalcouncil.org/ccbhc-success-center/)*
When the front door isn’t wide open, the whole system jams.

Despite generally strong access to care, Maryland’s behavioral health system does not make care available where and when needed for many children. Without sufficient capacity for clinical care in outpatient settings, children needing psychiatric care end up in avoidable hospitalizations or other non-community settings. Recent reports have identified overuse of hospital emergency departments, unnecessary hospitalizations, and avoidable out-of-home placements.

These problems require urgency to address. The COVID-19 pandemic has doubled the incidence of mental health need among children, making it more important than ever that Maryland ensure that appropriate services for children are available on demand.

Currently, funding and policy limitations restrict the community system’s ability to provide same-day access and specialized/intensive services in the capacity needed across Maryland. By moving from a fee-for-service to a prospective payment model like CCBHCs, local clinics will have the flexibility to develop specialties in the capacity needed in their areas.

**Right-size the children’s continuum of care** Maryland needs to ensure appropriate services for children are available where and when needed. A CCBHC model with focus on specialty capacity can fill critical gaps in the children’s system of care.

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**About Us**

The Community Behavioral Health Association of Maryland (CBH) seeks to improve the quality of behavioral health care and access to treatment.

We represent 90 organizations providing mental health and addiction treatment to Maryland residents. Our members encompass over 810 service sites, 180,000 individuals served and 13,000 employees.

**learn more** For details on CBH priorities, contact Shannon Hall at shannon@mdcbh.org.