

# Maryland Mental Health Coalition

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## List of Priorities for New Alcohol Tax Revenue

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*(In No Particular Order)*

### **EHR Startup for Mental Health Providers – \$1-3 million**

Mental health providers are the only group that has not received startup funds to assist in establishing Electronic Health Records (EHR). This funding would provide for a pool of money that providers could compete for to implement EHR systems.

### **Intensive Services for Grey Zone Wait List – \$1.5 million**

This money would provide medically necessary psychiatric and residential rehabilitation services to 372 adults with severe and persistent mental illness who are on waiting lists because they do not have Medical Assistance eligibility. These individuals have service and support needs at least equal to those who are Medicaid-eligible but their rehabilitation services are limited by the Mental Hygiene Administration (MHA) because of the absence of federal Medicaid match. Many lose eligibility, not based on medical necessity but on funding availability. Because of ongoing budget retrenchment, community providers are unable to continue delivering services that MHA is unable to reimburse, even such vital services as ensuring that medications are taken on a daily basis.

### **Behavioral Health Home Startup – \$200,000-\$1 million**

States can receive a 90% federal match for the first 8 quarters of health home services provided to individuals with chronic conditions. This money would serve as a match for \$2-10 million in federal funds.

### **Reentry Pilot Program (Baltimore City) – \$1.2 million**

Some 7,000 of the 14,000 individuals released each year from DOC return to Baltimore City. Of those, around 600 (8.5%) are diagnosed with a serious mental illness (SMI). This money would cover salary and operations costs for 35 case managers and peer support counselors, allowing them to provide ongoing in-reach and post-release services for these at-risk individuals starting 90 days prior to their release.

### **Renewed Funding for Bridge Subsidy Program – \$2-5 million**

The Bridge Subsidy Demonstration Program assisted persons with disabilities to live independently by providing short-term rental assistance while the person awaited permanent housing assistance, generally a federal housing choice voucher. State-funded at \$2.1 million, the Program assisted 110 persons with disabilities. This money would house between 100 and 250 people for 3-5 years.

**State IDs – \$100,000-500,000**

Lack of identification has been a persistent problem, especially among returning inmates and homeless uninsured consumers in the public mental health system (PMHS). Identification is important because it provides continuity of care and allows an individual to remain in treatment. This money could be split amongst the core services agencies (CSA) as an “ID Fund” that outpatient providers or clinics could draw from to assist individuals in obtaining identification.

**Statewide Comprehensive CRS – \$5-7 million**

Crisis Response System (CRS) services vary from jurisdiction to jurisdiction. This money would provide adequate funding to implement comprehensive CRS services statewide. These services include 24/7 Hotlines (crisis intervention, suicide prevention, etc.), Mobile Crisis Teams, crisis stabilization centers/residential beds, 23-hour holding beds, emergency psychiatric services, hospital diversion programs and urgent care appointments.