

2026 Access to Care Agenda



The Maryland Behavioral Health Coalition is working to build a modern, integrated, person-centered and outcomes-driven behavioral health system of care that ensures equitable access to quality mental health and substance use treatment and support for every Marylander when and where needed. Core components and elements of this system are outlined below, as are the incremental, budget-conscious steps Maryland can take this year to further this vision.

Access and Funding

Recent federal Medicaid reforms threaten access to health care coverage for hundreds of thousands of Marylanders and pose a substantial risk of significant funding cuts to Maryland's Medicaid program, which is the primary source of funding for mental health and substance use care in the state. At the same time, Marylanders with private insurance still face considerable barriers when attempting to access in-network behavioral health care, which can lead to an escalation of symptoms and increased costs to the state.

2026 ACCESS AND FUNDING PRIORITIES

- ▶ **Minimize the negative impact of federal Medicaid reforms** by automating burdensome new administrative processes, broadly defining behavioral health-related work requirement exemptions, and preserving access to care for immigrant communities
- ▶ **Increase penalties on health insurance companies** that are found to be in violation of behavioral health parity laws
- ▶ **Ensure adequate resources for public behavioral health care** by increasing funding for community mental health and substance use care and by preventing dedicated behavioral health funding streams like Maryland's Opioid Restitution Fund (ORF) from being used to backfill other budget shortfalls

Primary, Specialty, and Emergency Behavioral Health Care

2026 PRIMARY BEHAVIORAL HEALTH CARE PRIORITIES

The state has adopted the proven Collaborative Care Model (CoCM) as a way of integrating and improving the quality of behavioral health care delivered in primary and pediatric care settings. Longer term, increasing uptake of CoCM will require more startup support and technical assistance for providers operating on narrow margins; in the short term, the state can make it easier for

patients to avail themselves of these services by reducing out-of-pocket costs and prioritizing the model in ongoing systems reform efforts.

- ▶ **Eliminate co-pays** for CoCM-related services
- ▶ Prioritize uptake of **CoCM in the AHEAD model**

2026 SPECIALTY BEHAVIORAL HEALTH CARE PRIORITIES

An effort is underway to develop a system of Certified Community Behavioral Health Clinics (CCBHC) for those with a higher level of need. This is a critical step toward a future system of community-based behavioral health care that is value-based and flexible enough to meet the varied mental health and substance use needs of Marylanders across the lifespan.

- ▶ Support continued CCBHC planning efforts and the forthcoming application for participation in the **CCBHC Demonstration Program**; ensure adequate funding in FY27 for Maryland's CCBHC Demonstration
- ▶ Increase resources at the Behavioral Health Administration for oversight approaches that differentiate and **support quality of care**, such as value based purchasing, measurement based care, and gold card authorization policies

2026 EMERGENCY BEHAVIORAL HEALTH CARE PRIORITIES

Efforts over the past few years have established and secured dedicated funding for Maryland's 988 helpline, but other critical components of the state's behavioral health crisis response system are less stable. For example, a transition to reimburse traditionally grant-funded services with Medicaid dollars has left many mobile crisis providers with budget holes they are struggling to fill. The state should consider the challenges that threaten Maryland's crisis response system and make recommendations about potential strategies and solutions, including adjusting Medicaid reimbursement rates, increasing grant funding, reallocating existing crisis response funding, pairing behavioral health crisis services with other emergency services, etc.

- ▶ Require the Commission on Behavioral Health Care Treatment and Access to study and make recommendations to **ensure Maryland's crisis response system is adequately resourced**

Behavioral Health Workforce

According to a report by the Maryland Health Care Commission (MHCC)¹, the state will need to double its current behavioral health workforce of 34,600 individuals over the next two years just to keep pace with the need. The report outlines a comprehensive workforce strategy to address the crisis, including increased reimbursement for community behavioral health providers and suggested allocations/priorities for Maryland's Behavioral Health Workforce Investment Fund. While these funding strategies are critically important, ongoing fiscal uncertainty makes a major budget initiative unlikely in 2026. There are, however, low cost recommendations that policymakers could adopt this year to support the state's behavioral health workforce.

¹https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/md_bh_workforce_rpt_SB283.pdf

2026 WORKFORCE PRIORITIES

- ▶ **Promote the timely and effective licensing and certification of behavioral health professionals and paraprofessionals** by modernizing application processes, increasing board funding and resources, eliminating discrimination in testing, and allowing for short-term temporary licensing

Public Health and Population-Based Priorities

In addition to the systems reforms and advocacy priorities outlined above, the Maryland Behavioral Health Coalition will work to ensure a comprehensive continuum of care by informing and supporting a range of important ongoing public health and population-based initiatives and advocacy efforts, including:

- ▶ Efforts by the Children's Behavioral Health Coalition to **improve infant and early childhood mental health, expand access to perinatal mental health services, and reduce pediatric hospital overstay**
- ▶ Efforts by the Mental Health and Aging Coalition to **increase community-based behavioral health long-term care options, make mental health peer support Medicaid-reimbursable, and ensure Maryland's Area Agencies on Aging (AAA) are adequately resourced**
- ▶ Efforts to ensure Maryland's new **Assisted Outpatient Treatment** program is recovery-oriented, outcomes-focused, and protective of legal and civil rights afforded to all Maryland citizens
- ▶ Efforts to authorize, expand and implement **harm reduction strategies** like overdose prevention sites, Good Samaritan immunity, and the decriminalization of drug paraphernalia
- ▶ Efforts to preserve and support the continued expansion of the **state's Assistance in Community Integration Services (ACIS)** program to increase housing stability and improve health outcomes for Marylanders at risk of institutional placement or homelessness
- ▶ Efforts to preserve and support the continued expansion of **Maryland Medicaid's reentry program**, which provides incarcerated people with behavioral health needs with up to 90 days of case management, medication-assisted treatment, counseling and reintegration services prior to release from a correctional setting



The Maryland Behavioral Health Coalition is a diverse mix of nonprofit organizations working together to ensure all Marylanders have equitable access to high quality, culturally and linguistically competent, outcomes-oriented, patient-centered mental health and substance use care that promotes recovery and resiliency. Our member organizations represent Maryland consumers, family members, peers, service providers, behavioral health professionals, hospitals, health systems and more.

- Adventist Healthcare
- Affiliated Sante Group
- Alston for Athletes
- American Foundation for Suicide Prevention, Maryland
- Baltimore City Substance Abuse Directorate
- Baltimore Crisis Response, Inc.
- Baltimore Jewish Council
- Behavioral Health System Baltimore
- B'More Clubhouse
- Carroll County Youth Services Bureau
- Catholic Charities
- Chesapeake Voyagers
- Children's National Hospital
- Community Behavioral Health Association of Maryland
- Cornerstone Montgomery
- Disability Rights Maryland
- Easterseals DC MD VA
- EveryMind
- Gaudenzia
- Grassroots Crisis Intervention
- Greater Washington Society for Clinical Social Work
- Health Care for the Homeless
- Horizon Foundation
- Hudson Behavioral Health
- Institutes for Behavior Resources/REACH Health
- James' Place
- Key Point Health Services
- Legal Action Center
- Licensed Clinical Professional Counselors of Maryland
- Maryland Addiction Directors Council
- Maryland and DC Society for Addiction Medicine
- Maryland Association for the Treatment of Opioid Dependence
- Maryland Association of Behavioral Health Authorities
- Maryland Association of Youth Service Bureaus
- Maryland Catholic Conference
- Maryland Coalition of Families
- Maryland Family Network
- Maryland Hospital Association
- Maryland Psychiatric Society
- Maryland Psychological Association
- Maryland Rural Health Association
- Mental Health Association of Frederick County
- Mental Health Association of Maryland
- Mid Shore Behavioral Health
- Montgomery County Federation of Families for Children's Mental Health
- National Alliance on Mental Illness, Maryland
- National Association of Social Workers, Maryland
- National Council on Alcoholism and Drug Dependence, Maryland
- Nexus Woodbourne Family Healing
- Office on Mental Health/Core Service Agency of Harford County
- On Our Own of Maryland
- People Encouraging People
- Primary Care Coalition
- Pro Bono Counseling
- Public Justice Center
- Rock Creek Foundation
- Sheppard Pratt
- Wells House