



Mental Health and Aging Coalition

2026 Policy Agenda

In 2023, there were more than 1.4 million Marylanders over age 60. By 2035, that number is expected to increase by 6.6%. As the number of older adults rises, so does the need for behavioral health services and systems that meet the unique needs of this population.

COMMUNITY-BASED BEHAVIORAL HEALTH LONG-TERM CARE OPTIONS

Aging Marylanders with behavioral health needs have few long-term care options. The Behavioral Health Administration is offering limited behavioral health focused assisted living services with state general funds, but the program does not have the capacity to meet the demand. There is an opportunity to expand the program at no additional cost to the state by applying to the federal government for a newly revised 1915c waiver. Recent changes to the 1915c remove the eligibility requirement that an individual must be assessed as needing an institutional level of care.

Maryland should apply for a waiver to develop more community-based long-term care options that meet the behavioral health needs of older adults, to include specially designed Residential Rehabilitation Programs and assisted living facilities that have a behavioral health focus.

MENTAL HEALTH PEER SUPPORT FOR OLDER ADULTS

Peers provide unique and meaningful support to individuals with mental health conditions and are a key component of efforts to augment the behavioral health workforce, but they have been underutilized for older adults. Peers can significantly reduce feelings of social isolation among older Marylanders and can support residents of assisted living facilities who have mental health needs. They also can help alleviate distress and provide continuity of care for older adults with mental health conditions who are transitioning from hospitals to long-term care facilities. **Maryland should expand the use of mental health peer support for older adults at reduced cost by making mental health peer support Medicaid-reimbursable, as has been done for substance use peers.**

QUALITY BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS

More than 50% of older adults with mental health conditions do not receive treatment. Stigma, cost, and transportation challenges are barriers to accessing specialty behavioral health care, especially for older adults. To address this gap, mild to moderate behavioral health conditions can and should be identified and treated primary care settings. The Collaborative Care Model (CoCM)

is an evidence-based approach to integrating behavioral and physical healthcare in primary care settings. Medicare has provided reimbursement for CoCM since 2017, yet uptake has been slow. **The state should work to increase use of CoCM in primary care by actively promoting the model, providing free training and technical assistance, and removing barriers that prevent access, such as co-pays.**

MARYLAND'S PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) PROGRAM

The PASRR program screens individuals referred for placement in nursing facilities to ensure the appropriateness of those referrals and prevent unnecessary institutionalization. The Department of Health (MDH) has worked to modernize the program by implementing a new data management system for Level 1 screens, to improve screening accuracy and minimize errors. To further strengthen the PASRR program, **Level 2 screens should be automated, MDH should develop an updated provider manual that includes guidance on the new data management system, and the state should promulgate regulations for its PASRR program.**

CRISIS RESPONSE SERVICES THAT ADDRESS THE BEHAVIORAL AND COGNITIVE HEALTH NEEDS OF OLDER ADULTS

Recent years have seen positive steps in the development of Maryland's statewide behavioral health crisis response system. This continuum of care, which includes 988 call centers, mobile response teams, and crisis stabilization centers, is especially critical for the older adult population. Suicide deaths among those aged 65 and older have increased more than 8% since 2021, and suicide rates among men over age 75 are higher than any other population.¹ **Older Marylanders require crisis response staff across the continuum, including 988 operators and crisis response teams, that have received training in specialized interventions and screening instruments² designed to meet the unique behavioral and cognitive health needs of older adults.³**

WORKFORCE THAT MEETS THE NEEDS OF OLDER ADULTS

Maryland is experiencing a severe behavioral health workforce shortage that is projected to become more acute in the coming years, and the shortage of behavioral health providers trained to work with older adults is even more profound. In 2022, there were only 1,354 board-certified geriatric psychiatrists in the United States. Nationwide, only 4% of social workers report geriatrics training, and while 25% of psychologists say they received some training in geriatrics while in school, only 3% report specializing in older adult behavioral health. Other people too, such as primary care physicians, direct care workers and home caregivers, rarely receive sufficient training to best support this population. **Maryland should take measures to expand the behavioral health workforce**

¹ National Council on Aging. Suicide and older adults: what you should know (January, 2024) <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know/>

² Screening tools for clinical use that factor in stressors unique to older adults include the Geriatric Suicide Ideation Scale, Geriatric Depression Scale, and the Interpersonal Needs Questionnaire.

³ Dylan Delisle et al. Interventions to prevent older adult suicide: Final Report. Office of Behavioral Health, Disability and Aging Policy. (August, 2023) <https://aspe.hhs.gov/sites/default/files/documents/a53382dea822c0d88faa170f62dadd5d/interventions-prevent-older-adult-suicide.pdf>

focused on older adult populations and to enhance the competencies of other workers by expanding available training.

FUNDING FOR MARYLAND'S AREA AGENCIES ON AGING (AAAs)

Maryland AAAs are the first line of assistance for older adults and their families. These agencies support quality of life and promote the independence of older adults by providing essential services and supports, resources and services, benefits/health insurance counseling, and caregiver support. But limited funding is hindering the AAAs' ability to serve the rapidly growing number of older Marylanders. **Current AAA funding levels must be maintained, and Maryland should explore strategies to increase AAA funding so they can better support caregivers and help older adults remain safely in their homes and communities – outcomes that align with the goals of Maryland's Longevity Ready Maryland initiative.**