BEHAVIORAL HEALTH TASK FORCE

A Study and Recommendations by Hospital Leaders

Maryland Hospital Association
Established **June 2015**

**Composed of** hospital executives and clinical behavioral health experts from across Maryland

**CHARGES:**

- **Identify and address** key behavioral health issues affecting Maryland communities and their hospitals
- **Develop a strategic plan** that facilitates coordination of resources and implementation of innovative and cost-effective strategies across systems
Behavioral Health Task Force
Environmental Scan

September 2016 Release

About this Report
The Maryland Hospital Association’s Behavioral Health Task Force Environmental Scan provides an analysis of Maryland’s behavioral health care needs as sought in the hospital setting. While the highlighted data in this report are limited to the hospital setting, our intent is to help illustrate to hospitals, other provider partners and stakeholders, and legislators, the unique challenges behavioral health disorders present for different communities throughout the state.

Maryland Hospital Association
PARTNERING TO IMPROVE CARE COORDINATION
Roadmap to an Essential, Comprehensive System of Behavioral Health Care for Maryland:

- **Identify** essential components of a robust treatment system
- **Explore and evaluate** gaps and vulnerabilities in the continuum of care
- **Develop** concrete proposals to improve the delivery of health care services
29 percent of adults with a medical condition also have some type of mental health disorder

Close to 70 percent of adults with a mental disorder have at least one medical comorbidity

Sources:
The Robert Wood Johnson Foundation. Mental Disorders and Medical Comorbidity, 2011.
A SYSTEM IN CRISIS

IN MARYLAND

- There were **6,530 readmissions** for patients hospitalized with a primary behavioral health diagnosis in 2016.

- Length of stay for behavioral health patients **increased by more than 10 percent** from 2013 to 2016.

- Maryland deaths from drug and alcohol related overdoses **surged 66 percent** from 2015 to 2016 and are expected to increase in 2017.

**Sources:**
Maryland Hospital Association Data Analysis
Maryland Department of Health and Mental Hygiene. Drug and Alcohol-Related Intoxication Deaths in Maryland, 2016
A SYSTEM IN CRISIS

- Acute hospitals with psychiatric beds average **99.9 percent occupancy**.
- *Two-thirds of Maryland’s counties* do not have enough psychiatrists to meet the demand.
- **14 percent** of the psychiatrists listed on Maryland’s health exchange were accepting new patients.

Sources:
*Maryland Hospital Association Data Analysis and Mental Health Association of Maryland,* January 2015.
CALL TO ACTION

- Declared **State of Emergency**
- Total Cost of Care **accountability**
- Population health metrics – **focus** on substance use disorder deaths
- Federal **uncertainty**
A ROADMAP TO A COMPREHENSIVE SYSTEM

Integrated System

FROM CRISIS: fragile, fragmented, and underfunded system

TO COORDINATED: supportive, recovery-oriented statewide system

Screening

Crisis Response

Coordination

Workforce

Harm Reduction
RECOMMENDATION
Provide all patients with behavioral health screenings and, if necessary, referrals, as part of their routine care, regardless of setting.

ROADMAP
- Widespread adoption and implementation of screening protocols; sharing of best practices
- State funding to support screening models
- Development of resources and to support timely transfer and referral
RECOMMENDATION
Create the infrastructure needed to provide immediate access to care for those experiencing a behavioral health crisis

ROADMAP
- Crisis services models developed and tested and local and regional levels
- Payers establish rates and reimburse for crisis services at appropriate levels
- Exploration of new models, such as regional dedicated emergency psychiatric facilities
RECOMMENDATION
Integrate and coordinate behavioral health care so it is delivered in the appropriate setting

ROADMAP
- Enhanced data collection and sharing across systems to ensure competent provider and high quality referral networks
- Development of standard discharge protocols
- Payer-supported expansion of needed services such as telehealth and integrated models of care
- Reimbursement parity and network adequacy enforced
RECOMMENDATION

Invest in the highly skilled workforce and physical capacity needed to proactively manage behavioral health conditions

ROADMAP

- Evaluate existing behavioral health workforce capacity, identify gaps and recommend strategies to address deficiencies
- Streamline licensure and credentialing at health professional boards
- Modernize Certificate of Need process
HARM REDUCTION

RECOMMENDATION
Invest in and make available prevention and harm reduction services like needle exchanges and mental health first aid

ROADMAP
- Development of directory of local prevention services
- State and federal funding to support expansion of local harm reduction and prevention services, including naloxone for distribution in hospitals
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