



March 4, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

*SB 738 Maryland Medical Assistance Program and Health Insurance - Required Coverage -
Mobile Crisis and Crisis Stabilization*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports SB 738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization. This bill will require both public and private insurers to cover mobile crisis teams (MCT) and crisis stabilization centers (CSC), improving the financial sustainability for these essential services.

Behavioral health crisis services are an essential component to the continuum of services available in the Public Behavioral Health System (PBHS). MCTs provide interventions in the community to provide a variety of services, such as crisis de-escalation and safety planning. MCTs can also save the system money, with each MCT dispatch costing much less than the average emergency department cost of \$1,236 per visit.¹ BHSB has spent years expanding and strengthening these services in Baltimore and can offer an excellent model of the efficacy of these services. These services have been essential to meeting the Baltimore City Police Department’s consent decree with the Department of Justice and to reducing unnecessary hospitalization. BHSB is proud to work with Baltimore Crisis Response Inc (BCRI), whose MCTs served 903 people in 2024.²

CSCs are another critical component to the crisis services system but have not been widely established in Maryland. These centers provide an alternative location to transport people who are experiencing a behavioral health crisis and may not be able to remain safe and stable in the community. These programs are much less expensive than emergency room visits and are designed to allow for ambulance and police drop offs of those in crisis. Prince George’s County attempted to establish a CSC in recent months but has been unable to maintain operations due to fiscal challenges. BHSB is not aware of any other CSCs in the state.

Requiring insurance companies to cover these services can make MCT and CSC operations both more sustainable and accessible, allowing their operators more financial security and reduced reliance on state funding.³ Currently, Medicaid covers these services, but Medicaid reimbursement has not been sufficient to support MCT operations. A high proportion of

Baltimore residents are covered by Medicaid, but Medicaid reimbursement alone is still insufficient for BCRI to maintain its MCT services. It is even more challenging in other parts of the state where Medicaid coverage represents a smaller proportion of their residents. Including private insurance reimbursement along with Medicaid and continued grants would allow MCTs and eventually CSCs to expand at scale and serve the needs of Maryland's diverse communities.

Crisis services are essential to Maryland's behavioral health system and deserve a sustainable pathway to funding. **BHSB urges the Senate Finance Committee to support SB 738**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

¹ Recovery Innovations Inc, Baltimore County Crisis System Needs Analysis & Recommendations. Available at: <https://www.baltimorecountymd.gov/files/departments/health/documents/baltimorecountyreportrevisedfinal250609.pdf>

² Baltimore Crisis Response Inc, Annual Report 2024. Available at: <https://static1.squarespace.com/static/642f19adf3c8f24a883afcaa/t/690a2277086f5e34ced884d0/1762271863763/Annual+Report+FY2024+Final.pdf>

³ Office of the Assistant Secretary for Planning and Evaluation, Crisis Services Billed to Medicaid: Lessons Learned from Eight States and Considerations for Future Analyses. Available at: <https://aspe.hhs.gov/sites/default/files/documents/d0fb1d2f56fa0fef289c711356929df7/crisis-services-billed-medicaid-brief.pdf>