To: Interested Parties

From: Joshua M. Sharfstein, M.D., Secretary
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Thanks for your interest in integrated care for individuals with behavioral health disorders in Maryland. This is an exciting time, and it is important we work together to get this right.

In this brief memo, we would like to provide an update on planning activities at DHMH. First, three key points:

- We do not have preconceived notions on how best to make improvements to our system in Maryland.
- We intend to proceed stepwise, with opportunities for public input at each stage.
- DHMH expects to launch a basic website on integration in about two weeks, and to have a conference call at that time to provide more details and answer questions. We will post information about this call in advance on both MHA and ADAA websites.

Next, to three specific areas:

- **Regulations:** We have heard from both mental health and substance abuse providers that dual regulatory systems complicate care for patients with both substance abuse and mental health disorders. On the upcoming conference call, we will outline a process involving public consultation to create a single set of behavioral health regulations.

- **Financing:** We intend to work with a consultant to review available data and make recommendations on potential financing alternatives. The consultant will also consult with interested parties and the public. On the conference call, we will explain more about the plan for the consultant's work in a few weeks.
We will convene a workgroup to review the consultant's report and provide input to the Department, as directed by the FY 2012 budget language. The Department's recommendations will be provided to the legislature by December 15, 2011. On the conference call, we will explain more about the workgroup process.

Simultaneously, we are interested in considering the feasibility of a chronic health home model for individuals with behavioral health disorders. The Medicaid program will soon hold an initial stakeholder meeting to describe the rules and to outline a process whereby interested stakeholders could suggest possible models using this new option. This too will be discussed on the call.

- **Administration:** We recognize that a Behavioral Health Administration could have advantages over two separate state agencies. We are beginning to look at possible stages for coordination and will provide more details as we have them over the next couple of months.

We appreciate the tremendous interest and support for enhanced integration of care for Marylanders. We look forward to working with you to accomplish our shared goals.