November 7, 2012

Joshua M. Sharfstein, M.D.
Secretary
Department of Health and Mental Hygiene
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

Dear Secretary Sharfstein:

We are writing on behalf of NAMI Maryland regarding the plan for integration of mental health and substance use disorder services in Maryland. NAMI joined the Mental Health Coalition in supporting the steering committees recommendation. As we move forward, we believe that it is necessary that the Department of Health and Mental Hygiene take significant measures to ensure that there is integration of mental health care, substance use disorder services and somatic care.

As part of the comment process, NAMI Maryland submitted a document entitled *The Ideal Mental Health System – 2012* which includes important elements that should be included in an integrated system. NAMI Maryland also submitted NAMI documents listing the array of services that should be included in both the adult and child public mental health system. We urge that the recommendations included in these documents be utilized as you move forward in developing an integrated behavioral health system.

The NAMI Maryland *The Ideal Mental Health System – 2012* includes the following elements necessary for an integrated system:

**An integrated system should include:**

- Close collaboration among the full range of involved agencies including housing, Medicaid, criminal justice, vocational rehabilitation and education;
- Seamless transitions, especially along frequently traveled paths such as from inpatient to outpatient care, or from homeless shelters or prisons back into the community;
- User-friendly and accessible services for everyone with limited physical capacities;
- Administrative and programmatic requirements that are well-aligned and designed with cross agency coordination and integration in mind.

**Clinical integration at the point of care which includes:**

- Early and ongoing comprehensive physical and behavioral health screening;
- Individual engagement;
- Shared development of care plans by the consumer, caregivers, and all providers; and
- Care coordination and navigation support.

**State purchasing contracts that include the following:**

- Aligned financial incentives across physical and behavioral health systems;
• Real-time information sharing across systems to ensure that relevant information is available to all members of a care team;
• Multidisciplinary care teams accountable for coordinating the full range of medical, behavioral, and long-term supports and services, as needed;
• Competent provider networks; and
• Mechanisms for assessing and rewarding high-quality care.

In addition, below is a list of elements that should be ensured as DHMH moves forward with implementing the recommendation of stage three of the process.

• There must be protections to ensure that the supports and services that are currently provided are not reduced.
• The system should facilitate the integration of whole health. Individuals with serious mental illnesses die 25 years sooner than the average person. The system needs to incentivize caring for the whole person.
• Accountability for whole health outcomes, using nationally accepted or other appropriate outcome measures, is essential and should be incorporated into the contract with the ASO.
• Coordination of care with availability of data sharing should be incorporated into the contract with the ASO.
• There must be support for recovery services that are not covered by Medicaid.
• There should be access to case management to assist individuals in coordination of all services and in navigating the system.
• Support for the full continuum of care from hospital care, residential services to outpatient services.
• All services from administrative to direct service must be consumer and family friendly.
• There should be incentives for use of evidence based practices.
• There should be an advisory committee that includes consumers and families.
• From the consumer point of view the system should not seem “carved-out”. There should not be barriers to receiving integrated services.
• The diagnosis should not drive the funding for needed services. Patients should not have to have a primary and secondary diagnosis to determine the level and type of service needed.
• Access to specialty mental health medications should not be limited. The judgment of the clinician should determine the appropriateness of medication.

We look forward to remaining engaged in the process and advocating for an improved system with the goal of improving the lives of individuals and families living with mental illness.

Sincerely,

Kate Farinholt            Don Slater
Executive Director        Board President

Cc by email: Secretary Sharfstein, Deputy Secretaries Jordan-Randolph and Milligan, Dr. Brain Hepburn

Posted on dhmh.bhintegration@maryland.gov