August 29, 2012

To Behavioral Health Integration Steering Committee Members:

On behalf of On Our Own of Maryland, Inc. we wish to express our support of a behavioral health carve-out (Model “2B”) which retains the strengths of the current ASO system but adds two very significant components to improve behavioral and physical health outcomes and cost efficiency: 1) performance-and financial-risk sharing; and 2) behavioral health homes.

On Our Own of Maryland is the statewide mental health consumer education and advocacy organization established in 1986. We are comprised of current or former recipients of mental health services. We have organized in order to improve mental health services and support mental health consumers who have experienced mental illness. We have a combined membership of over 1,400 people and represent 26 mental health peer-operated programs situated throughout Maryland, which typically serve over 5,000 individual mental health and substance-use consumers annually. Many of our members have spent time in state or private psychiatric hospitals and many are people living with a mental illness while striving to recover and improve their lives. Many of our members also have co-occurring, substance use disorders.

We are not in favor of Model 1: A Protected Carve-In which Medicaid-financed behavioral health benefits are managed by Medicaid-Managed Care Organization or MCOs. MCOs historically in other states have a poor reputation in providing services to people with mental illnesses. We are fearful that this would be the case in Maryland if Model 1 is adopted and will not serve the best interests of mental health/substance use consumers.

We also do not support Model 3, a Risk-based Population Carve-Out. We don’t believe a carve-out of people with severe and persistent mental illnesses (SPMI) and/or substance use disorders is in the overall best interests of all mental health and/or substance use consumers. Once a person is in a specialized population carve out, as one gets better, how do they exit this system and access a mental health service as not a person with a label of SPMI and continue to have the same provider of service but not at the same level or intensity of service, because the person does not meet the definition of SPMI, etc.?

We believe a behavioral health services carve-out as identified in Model 2 is the best model for Maryland’s citizens with mental illnesses and/or substance use disorders and urge the adoption of this model for Maryland’s new Behavioral Health Administration.

Thank you for considering our input.

Sincerely,

Mike Finkle
Executive Director