# Maryland Behavioral Health Coalition

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**Statement Regarding the Maryland Department of Health's**
**Behavioral Health System of Care Process**

As Maryland continues working to respond to the death and disruption caused by the coronavirus, the state must also grapple with a corresponding increase in COVID-19-related mental health and substance use disorders. The resulting increase in demand for quality behavioral health services, coupled with a looming and potentially long-term state budget crisis, requires greater creativity in how Maryland pays for and delivers public mental health and substance use services. In support of the state's efforts to address these pressing needs, the Maryland Behavioral Health Coalition proposes the following improvements to strengthen Maryland's public behavioral health system of care.

The Coalition believes that a movement toward value-based, outcome-focused, recovery-oriented service delivery in Maryland's public behavioral health system will improve care quality and cost predictability at this most critical of moments. Accordingly, in addition to the cost-based rate study the Maryland Department of Health (MDH) is undertaking pursuant to the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017, we recommend a parallel process to expand and evaluate value-based payment methodologies, implement uniform and systemwide measurement-based care standards, and increase provider flexibility to ensure a more patient-centered system of care.

**Step 1 – Launch a Value-Based Payment Pilot**

Maryland has made a significant investment in realigning its primary care program to maximize outcomes for the public. We propose a similar cost neutral investment in advancing public behavioral health service delivery through a pilot program that incorporates value-based payments and innovative funding arrangements. Pilot providers of various sizes and capacities would be identified to receive payments equivalent to current/historical fee-for-service utilization for the identified patient cohort. They would be provided the flexibility to use population management approaches to identify and intervene with individuals most at risk of a negative health event and to expand care coordination and deliver a comprehensive range of recovery-oriented medical, behavioral and supportive services. Depending on the pilot design providers could:

- Receive enhanced payments to transform practice to reduce hospitalization and emergency department utilization and/or
- Share risk for some percentage of losses and receive some percentage of savings

Programs selected through the pilot would include mental health programs, substance use disorder treatment programs, and those that serve people with co-occurring disorders.

Data collection and evaluation would be a central component of the pilot. Participating providers would report service utilization, patient outcome and service cost data to MDH; CRISP could provide before and after comparisons on emergency department and inpatient usage; and the collection of pre- and post-MCO service utilization data would demonstrate somatic care offsets.

This initiative will finally move Maryland toward a flexible, outcome-driven system that minimizes administrative burden and cost while maximizing service delivery. By making this a voluntary pilot we can test the model alongside the existing fee for service structure – helping to control costs and position the system for next steps in broader adoption of value-based care – while recognizing that readiness for this type of system change varies within the behavioral health provider field.

**Step 2 – Scale Implementation of the Collaborative Care Model (CoCM) for the Delivery of Primary Behavioral Health Services in the Medicaid System**

CoCM provides for the effective delivery of behavioral health care in primary care settings by utilizing a care team approach involving the primary care provider (PCP), a behavioral health care manager and a consulting psychiatrist or addiction medicine specialist physician. Validated by over 80 randomized controlled trials, the model has been shown to return $6.50 in improved health and productivity for every $1 spent, result in knowledge transfer from psychiatrists and addiction medicine specialist physicians to PCPs, and leave PCPs more comfortable delivering behavioral health care. All that is required is for Maryland's Medicaid program to turn on the billing codes, which are routinely reimbursed already by the state's Medicare program and commercial payers. In doing so, the program should ensure that addiction medicine specialist physicians, in addition to psychiatrists, are included as eligible and recognized providers under these codes.

Moving judiciously to test effective primary and specialty care payment and service delivery models, in parallel with refinement of rigorous outcome measurement and oversight mechanisms, will enable Maryland to put patient experience and outcomes first, stabilize the state's specialty provider network during a period of budgetary uncertainty, improve the quality of care, and avoid service disruption at a time when demand for mental health and substance use treatment is at an all-time high.

Adventist Healthcare Behavioral Health Services
American Foundation for Suicide Prevention (AFSP), Maryland
Baltimore City Substance Abuse Directorate
Baltimore Crisis Response, Inc. (BCRI)
Behavioral Health System Baltimore (BHSB)
Brain Injury Association of Maryland (BIAMD)
Catholic Charities
Community Behavioral Health Association of Maryland (CBH)
Cornerstone Montgomery
Disability Rights Maryland (DRM)
Eastern Shore Behavioral Health Coalition
Healthy Harford
Klein Family Harford Crisis Center
Legal Action Center
Maryland Addiction Directors Council (MADC)
Maryland Association of Behavioral Health Authorities (MABHA)

Maryland Association for the Treatment of Opioid Dependence (MATOD)
Maryland Clinical Social Work Coalition (MdCSWC) (*sponsored by the Greater Washington Society for Clinical Social Work (GWSCSW))*
Maryland Coalition of Families (MCF)
Maryland-DC Society of Addiction Medicine (MDDCSAM)
Maryland Psychiatric Society (MPS)
Maryland Psychological Association (MPA)
Maryland Rural Health Association (MRHA)
Mental Health Association of Maryland (MHAMD)
Mid Shore Behavioral Health (MSBH)
National Alliance on Mental Illness (NAMI), Maryland
National Council on Alcoholism and Drug Dependence (NCADD), Maryland
Pro Bono Counseling Project
Prologue, Inc.
Sheppard Pratt
Voices of Hope