November 7, 2012

To: **Chuck Milligan**
From: **Denise Camp**
Re: **Behavioral Health Integration Comments & Concerns from On Our Own of Maryland's Health Care Reform & Behavioral Health Integration Summit**

Many mental health consumers and providers of services to them support the integration model for Medicaid-financed behavioral health services referred to as "Model 2b". Along with the challenges to this model that are outlined in the recommendation of this model, On Our Own of Maryland would like to supply the Department with input received from attendees at our Health Care Reform & Behavioral Health Integration Summit that was held on Oct. 25, 2012. Over 250 consumers, family members and providers attended the event. There was an afternoon session that allowed attendees to comment on the recommendation. In addition, 161 evaluations were received at the end of the Summit. Comments and concerns obtained via those two methods fell into four categories: performance outcomes/measures, ongoing participation, provider requirements, and the integration process. The individual comments are listed.

Performance measures/outcomes

There were comments related to the difficulty in agreeing on specific performance measures and the tool/process that will be used. Consumer involvement in determining the measures and suggestions of particular measures were cited.

- How will we know that the system is working?
- What is measured and how it is measured should be determined by providers in partnership with consumers
- There should be consumer involvement in determining measures
- Get recommendations from the WARCs (wellness and recovery centers)
- OMS data does not invite consumer engagement.
- Measures should be chosen that encompass integrated care
- Validity of measurement tool
- Client-centered care means client values so consider client goals
- Consider progress toward consumer directed goals
- Movement in level of care
- Reduction of negative behavior
- Consistency of attendance
- Steps toward individual's goals
- Reentry progress
- Performance measures measured on consumer perception
- Difficulty in coming up with agreement on outcomes
- Outcomes measured across systems (collaboration) - a unified approach
- Consumers can't just be outcomes

Ongoing Participation

Stakeholders expressed the desire for ongoing participation.

- How do we keep up with what is happening?
- Continuing dialogue is needed
- How to participate in Phase 3 of integration?
- Will phase 3 have an integration committee and a diversity committee?

Provider Requirements

- Not being held accountable for un-controllable variables
- Will this mean more fidelity scales or more flexibility in service provision/delivery?
- Accreditation of providers

The Integration Process

These comments are related to the actual process of integrating MHA and ADAA and how that looks for consumers and providers.

- Details of how integration will work
- Peer Support certification / Peer Support Services
- Why are new recovery centers that are just for SA consumers being opened? If integrated, why not more of SA in WARCs working together
- The integrated system must keep in mind the concept of recovery
- Consumers not wanting treatment when they are most ill; when stabilized there is more treatment acceptance
- Is there an expectation that programs integrate?
- Timeliness of services

On Our Own of Maryland and consumer stakeholders look forward to continued cooperation to make behavioral health integration in the great state of Maryland successful.