**Peter Nicewicz, J.D.**

Thank you for the opportunity to comment on the "Future Options for Integrated Care" report, published on December 5.

Catholic Charities Child and Family Services (C&FS) would like to offer a few comments about the report. C&FS provides state-of-the-art behavioral health, child welfare, special education, early childhood and family-development services. Known for creativity, innovation, excellence, and our nationally-recognized Family-Provider Partnership, the programs of C&FS focus on building and unifying families and helping families and individuals of all ages to achieve healthier lives.

Below you will find a number of comments in response to the report.

- The report should be clear as to what is referenced when talking about "integrated" care. In some places, the authors seem to be referring to physical and behavioral health integration, and in others, to mental health and substance use integration. In some places, they seem to be talking about integration at the practice/service level; in other places, they are talking about integration at the financing and benefits management level.

- While there is reference to Maryland's current system of care efforts on behalf of children and families on page 5 and other child behavioral health efforts on page 11, the majority of examples and data cited are specific to adult populations. For example, the data used to support the concluding recommendations (p. 25-26) cite only adult population data.

- Under Health Reform (p. 19), it is reported that stakeholders identified the need to ensure the availability of a full continuum of services. Included in that list is the need for "state hospital beds." Families of children with serious behavioral health needs do not want more hospital beds. They want more community-based resources to avoid institutional placements.

- Under the description of a Community Behavioral Health Organization (p.21-22), the bulleted list of required components does not recognize the need to include intensive home-based services, for example, therapeutic foster care, mobile response and stabilization and respite – the services that families of children of with serious behavioral health needs most often cite as most needed to support these children in their homes. The list in this section is not sufficient to meet the needs of children with serious behavioral health needs.

- From a child- and family-focused perspective, the biggest missing element is the failure to include Care Management Entities (CMEs) as special delivery systems and/or behavioral health homes that could be embedded into either of recommended options (p. 26-27). Use of CMEs for children with serious behavioral health challenges is further supported by:

1) The complexity of cross-system financing – Due to multi-system (child welfare, juvenile services, education, etc.) involvement and financing, care management needs to be customized for children with serious behavioral health challenges through the use of the CME model. Cross-system financing and involvement are unique to child/youth populations and require an approach that different from an adult-focused approach.

2) Need for unique performance measures – Regardless of which option is selected, there should be customized performance measures for children versus adults that allow for tracking cross-system expenditures and outcomes for youth with complex behavioral health needs.

- There is a notable absence in the report of any indication of how school-based mental health and school health centers fit into these models.

We hope you consider the comments above as the Department of Health and Mental Hygiene goes through the behavior integration process. Should you have any questions about the comments, please feel free to contact me at the address, phone, or e-mail below.

Sincerely,

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