**Rosemary King Johnston**

Thank you for the opportunity to review and comment on the draft consultant report entitled, Future Options for Integrated Behavioral Healthcare. On behalf of the Governor's Office for Children (GOC) and as Chair of the Children's Cabinet, I would like to express my appreciation for recognizing Maryland's recent system of care efforts in coordinating the financing and care management for youth with complex behavioral health challenges who are involved in multiple systems, and their families. The Children's Cabinet's ability to establish Statewide Care Management Entity (CME) capacity for these youth and their families has gained Maryland recognition as a national leader in children's behavioral health reform. The CHIPRA grant award, also referenced in the report, further highlights Maryland's leadership in advancing innovation in children's behavioral health.

I would respectfully request that the below-listed edits to the description of Maryland's system of care efforts on page 5 be recognized in the final report.

- Local Management Boards (LMBs) only monitor LMB-funded services (last line second paragraph).
- GOC, on behalf of the Children's Cabinet, has entered into contracts with not-for-profit companies to establish three regional CMEs allowing for Statewide coverage (third paragraph). Current text states that there are contracts with three agencies. This is not accurate since one agency has a contract for two of the three regions.
- CMEs currently serve youth in the PRTF 1915c Demonstration Waiver, two System of Care grants, State-funded Department of Juvenile Services (DJS) out-of-home placement diversion, and State-funded Department of Human Resources (DHR) group home diversion.
- It should be clarified that the public mental health system pays for Residential Treatment Centers (RTCs) and that DJS and DHR may pay for non-RTC level of care residential needs (third paragraph). No funding for residential services is provided by GOC (or the Children's Cabinet Interagency Fund – see next comment).
- GOC does not provide funding. The source of funds for the CMEs is the Children's Cabinet Interagency Fund (CCIF), administered by GOC on behalf of the Children's Cabinet. Any reference to GOC as a funder should be replaced by CCIF (third paragraph and chart).
- LMBs no longer pay for specialty services so they should be removed from the list of agencies (third paragraph).
- Care Management Organizations should be replaced with Care Management Entities in the chart.

The goals of CMEs and health homes, as described in the Affordable Care Act, are consistent. Both are premised upon the need to improve quality and cost of care for populations with complex health needs. Unique to the CME approach and the needs of children with significant behavioral health challenges is the requirement for coordination of care and financing across child- and family-services including child welfare, juvenile justice and education, in addition to integration of efforts between mental health and substance abuse authorities. As such, the use of CMEs for children with serious behavioral health challenges should be added to the list of emerging delivery systems that are changing the healthcare landscape on page 7.

Similarly, there should be recognition that the medical home model without specific adaptations may be insufficient for children with serious and complex behavioral health challenges where coordination of behavioral health with child welfare, the courts, schools, etc. demands considerable attention, more than a primary care practice is likely to want or be able to provide.

The recommendations in this report coupled with our current system of care reform efforts present a tremendous opportunity to further develop Maryland's CME model. The CME model could be embedded within either of the two recommended options as a special delivery system and/or health home model for children with serious behavioral health needs and their families. I look forward to working with the Department of Health and Mental Hygiene to support our common goal of improving the quality of care and outcomes for these youth and families while also coordinating and managing cross-system costs.

Please contact me if you have questions.

Rosemary King Johnston
Executive Director
Governor's Office for Children