MCF
maryland coalition of families
for children's mental health

December 8, 2011

Deputy Secretary of Behavioral Health and Disabilities
Department of Health and Mental Hygiene
201 W. Preston Street, 5th Floor
Baltimore, Maryland 21201

Dear Deputy Secretary Henry:

I appreciate the phone call with you on Monday to discuss the consultant's report. Because the report had just been released, I did not have a chance to read it prior to the call. As you suggested I reviewed the report with particular attention to children and I wanted you to know that we strongly object to the proposed recommendations from the consultants and believe they represent a major setback for all of the progress Maryland has made over the last decade.

<u>We request that you add a paragraph to the report stating that the report does not address the integration of mental health, substance abuse and primary care for children and is limited to the adult system because the State is currently involved in multiple efforts, referenced on page 5, that are looking at the entire system of care for children.</u>

Briefly, here are our concerns:

1. Maryland is recognized across the nation as a leader in children's mental health. The State has implemented the 1915c demonstration waiver and is planning to submit the 1915(i) State plan amendment. Maryland is one of three States awarded a CHIPRA grant to improve the cost and quality of care for children and youth with serious behavioral health challenges with historically high costs and poor outcomes, through implementation of a Care Management Entity approach. CME's have been functioning throughout the State for the past two years and have significantly reduced RTC admissions and length of stay, all of which translates into cost savings for the State. None of this was considered in the recommendations put forth by the consultants.

1. The report is confusing when it refers to integrated care. In some places, the consultants 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.

2. 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

10632 Little Patuxent Parkway
Suite 234
Columbia, Maryland 21044
Phone: 410.730.8267
Toll-free: 888.607.3637
Fax: 410.730.8331
www.mdcoalition.org

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. Children comprise approximately 50% of the individuals served by the public mental health system. To base these far-reaching recommendations on information for adults only is alarming to us as family members.

3. 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, 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.

4. 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:

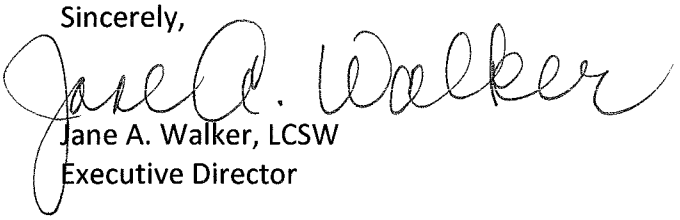
   - The complexity of cross-system financing - Due to multi-system (child welfare, juvenile services, education, etc.) involvement and financing, care management needs to be customized for children with serious behavioral health challenges through the use of the CME model. Cross-system financing and involvement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

On a personal note, I want to relate an experience that supports the concerns I have outlined. I spent Tuesday morning and Wednesday evening doing focus groups for our CHIPRA grant with families in Baltimore City and on the Eastern Shore whose children and being served through the CME. The purpose of the groups was to discuss other health care concerns the families have about their children. While I asked questions about access to primary care and dental care and medical conditions such as, asthma and diabetes, the families kept coming back to their concerns about their child's mental health and behavior needs. They talked about major concerns related to: the number of psychotropic meds their children take daily; obesity as a result of their child's medication; difficulty getting their children up for school in the morning due to their medication; the difficulty getting primary care and psychiatry to talk to each other. I was not expecting the discussion to go this way. In the end I summarized to the groups that it sounded as though the mental health and behavioral needs of their children are so overwhelming that they are the paramount needs and the place that families struggle the most.

Driving back from the focus groups, my colleague, Ann Geddes and I both concluded that these children and their families needed a health home that was specifically suited to address their complex mental health and behavioral needs, otherwise it would be a disaster. We came to this conclusion before reading the consultant's report. Now, we are extremely concerned that the opposite could happen and these children could be put into a health home that is not equipped to address their unique needs.

Maryland has been moving in the right direction for children and we truly hope that the consultant's report does not pre-empt all of the good work being done for children.

Sincerely,



Jane A. Walker, LCSW
Executive Director