

# Maryland Mental Health Coalition

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April 27, 2011

Renata Henry  
Deputy Secretary of Behavioral Health and Disabilities  
Department of Health and Mental Hygiene  
201 West Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

Dear Deputy Secretary Henry:

The Maryland Mental Health Coalition looks forward to working collaboratively with you and DHMH leadership to transform behavioral health service delivery in Maryland so that individuals in need of mental health, addiction and related care receive the most efficient and effective services focused on individual recovery.

On April 11, representatives of our Coalition participated in the first Departmental meeting launching that process. We are writing to ensure that the message shared by stakeholders during that meeting was clear.

Prior to and during the meeting stakeholders have been told that DHMH intends to introduce legislation in 2012 to merge ADAA and MHA, and seeks to accomplish a similar restructuring at the local level. Alternately during the meeting we were told that this decision has not yet been made. It would be helpful if clarity could be shared regarding the process launched on Monday, as well as the process and timeline for input and decision making so that we can respond and participate in a useful manner.

At present the Coalition does not have a position regarding the proposed restructuring. It is our view, as stated in the attached proposal which we shared with DHMH in late 2010, that strategies to improve behavioral health service delivery should be analyzed using the latest scientific research and best data available to the Department, and that subsequently, recommendations should be made after review of that information, to advance the central goal of improving outcomes for individuals. If such an analysis has been completed to identify merger of government agencies as an effective strategy to accomplish service reform, we would appreciate receiving this information.

Merger is not an outcome in and of itself; in isolation it will not achieve the outcomes we are collectively seeking for the public. The consensus of stakeholders is that the pressing matters at hand are financing and regulatory issues and therefore any

strategies should be scrutinized based on their ability to rapidly advance reform in these areas. It is exceedingly critical to act quickly, given the health care reform changes on the horizon, in which behavioral health is an important but often overlooked component. There is concern within our network that issues surrounding agency merger could in fact delay prompt attention to the critical needs at hand.

In the attached proposal we suggested that DHMH engage an external consultant (or consultants) with expertise in the field to examine, through an inclusive process involving all relevant stakeholders, the following:

**Financing** – After analysis of the strengths and weaknesses of Maryland’s current system, and examination of effective models in other states, recommendations should be issued regarding how restructuring of fiscal policy can best drive improved service delivery. Within such an analysis we would expect to see an examination of carve-in, carve-out, behavioral health homes, government agency realignment and other structural and/or financing strategies put forward to improve care for specific populations.

**Populations** - Examination of recommendations must take into account how proposed changes will improve access to and quality of care for individuals with co-occurring disorders as well as the substantial number (and in some cases majority of) individuals who do not have a co-occurring disorder but receive either addiction treatment or mental health services alone.

**Regulatory reform** – As we shared at the April 11 meeting, a comprehensive review and realignment of regulations governing addiction and mental health services is a concrete step that could be taken by DHMH immediately to advance integration goals.

Providers in both systems have shared repeatedly over the years that conflicting and burdensome policies are a significant barrier to becoming dually licensed. While some of these regulatory issues can be addressed in the process launched by Secretary Sharfstein last week, others have a broader policy focus. Promptly addressing this issue could produce immediate results in improving access to coordinated care at the community level. Equally important is ensuring that oversight policies are realigned to new operating, fiscal and structural procedures as the system evolves.

**Workforce** – Prior reports over the past several decades have focused on training, licensure and related issues to ensure workforce readiness exists to implement clinical standards of care. Now is the time to focus on taking successful pilots to scale, and to identify strategies that will rapidly accomplish this goal.

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As advocates, family members, consumers and providers, we see on a daily basis the tragic consequences that result when individuals are prevented from participating fully in community life because of inadequate or ineffective care. Many of us have participated in past efforts that have been unsuccessful in overcoming barriers to behavioral health reform. We are eager to participate in and fully support the Department's efforts to improve care, recognize that financing and structural change are needed, and acknowledge that change will be difficult and filled with challenges.

We look forward to hearing from you.

Sincerely,

Linda Raines  
Executive Director, Mental Health Association of Maryland and  
Chair, Maryland Mental Health Coalition

Edgar K. Wiggins, MHS  
Executive Director  
Baltimore Crisis Response

Mark Greenberg  
Director, Child and Family Services  
Catholic Charities

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Mike Finkle  
Executive Director  
On Our Own of Maryland

Steven R. Daviss, M.D.

Cc: Joshua M. Sharfstein, M.D., Secretary, Department of Health and Mental Hygiene  
T. Eloise Foster, Secretary, Department of Budget and Management  
Peggy Watson, Deputy Chief of Staff, Office of the Governor  
The Honorable Edward J. Kasemeyer, Senator  
The Honorable Thomas M. Middleton, Senator  
The Honorable James N. Robey, Senator  
The Honorable Norman H. Conway, Delegate  
The Honorable Peter A. Hammen, Delegate  
The Honorable Mary Dulany James, Delegate  
Brian Hepburn, M.D., Director, Mental Hygiene Administration  
Thomas P. Cargiulo, Director, Alcohol and Drug Abuse Administration  
Simon Powell, Department of Legislative Services  
Erin McMullen, Department of Legislative Services  
Maryland Mental Health Coalition members

Attachment