

Maryland Mental Health Coalition

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December 8, 2011

Joshua M. Sharfstein, M.D.
Department of Health and Mental Hygiene
Office of the Secretary
201 West Preston Street, 5th Floor
Baltimore, MD 21201-2301

Dear Secretary Sharfstein:

The undersigned member organizations of the Maryland Mental Health Coalition write to express not only our dismay regarding the recently released options report on integrated behavioral health care, but also our sincere disappointment in the process by which the report was developed.

The collaborative values you espoused in your July 14 memo to behavioral health stakeholders were encouraging – a plan to proceed without preconceived notions and opportunities for public input at each stage. It does not appear, however, that your vision was adopted by those tasked with carrying it out.

This is evident in the consultants' consistent failure to meet self-imposed timelines and benchmarks, two rounds of seemingly perfunctory stakeholder meetings, an unbalanced final report and an untenable process by which the public is expected to provide meaningful feedback within 72 hours to a document, six months in the making, which bears little resemblance to the brief draft we received on November 3.

When we wrote to Deputy Secretary Henry in April 2011 we envisioned a collaborative process led by an independent consultant without preconceived notions. We expected a process that would advance the interests of the State by drawing on the expertise of a knowledgeable team of national experts who would conduct analysis, share the results of a national scan, put forth models for discussion, engage in a dialogue and value the input provided by those who participate in the behavioral health system as providers, consumers, family members and advocates.

For reasons unknown, such a dialogue did not occur. The national scan that should have informed systems reform discussions was seen by stakeholders for the first time on December 5 with the release of the final draft report, and appears to be an edited scan devised to support the final recommendation espoused by the consultants rather than an unbiased presentation of national activity and associated research. Acknowledging that your staff worked diligently to prepare the much appreciated addiction treatment data report

released in November, we remain without the bulk of promised Maryland data from which informed decisions were to be made. Our requests for systems data made on numerous occasions throughout this process and detailed in September 28 correspondence remain unanswered. It is unclear to us at this point what internal data is available and has been used in the selection of recommendations for the future of the behavioral health system.

Rather than a carefully structured process to examine service system models as we proposed in December 2010 and April 2011 correspondence, we found ourselves participating in unstructured forums in September which directed us to answer the very questions on which we hoped the consultants would share useful information and unbiased recommendations: what would the system look like and how could Maryland move in this direction? Requests to the consultants for specificity regarding options under consideration and clarification regarding research citations were summarily dismissed or went without response.

In like fashion, the brief draft circulated on November 3 prior to the November stakeholder forums itemized the potential models for discussion in no more detail than our initial December 2010 proposal and astoundingly provided no analysis of them. The final draft report received on Monday bears little resemblance to the November 3 draft and directly contradicts statements made by the consultants at the November 17 forum regarding next steps to be proposed for Maryland. Now we are expected to respond in 72 hours to a document which finally includes the type of data, albeit incomplete and selective, that should have informed the process over the past six months.

Where does this leave us? We are anxious to continue to work collaboratively with you at this most challenging time in public health. We would like to understand how this draft report fits into your strategic vision for behavioral health service delivery in Maryland. We can respond in a detailed way to the latest draft of this report, share alternatives that were given short shrift throughout this process, and put forth perceived data inaccuracies and omissions for clarification, but we cannot do so in 72 hours. Budget language from the 2011 Joint Chairmen's Report called for a workgroup of interested parties to develop a system of integrated care for individuals with co-occurring issues, and submission of Departmental recommendations for developing such a system by December 15. Given our significant concern about the process employed and its end product, it is our hope that this report will not form the basis of the Department's recommendations. We are requesting the opportunity to meet with you at your earliest convenience to discuss next steps.

We have full confidence in your leadership in righting the course of a process which began prior to your tenure as Secretary and look forward to continued collaboration with you to ensure the behavioral health needs of individuals who rely on state funded services are efficiently and effectively met.

Sincerely,

Archway Station
Arundel Lodge
Baltimore Crisis Response, Inc.
Baltimore Mental Health Systems
Community Behavioral Health Association of Maryland
Greater Washington Society for Clinical Social Work
GUIDE
Harford-Belair Community Mental Health Center
Maryland Association of Core Service Agencies
Maryland Association for Partial Hospitalization/Intensive Outpatient Programs
Maryland Association of Resources for Families and Youth
Maryland Coalition of Families for Children's Mental Health
Maryland Disability Law Center
Maryland Psychiatric Society
Maryland Psychological Association
Mental Health Association of Frederick County
Mental Health Association of Maryland
Mental Health Association of Montgomery County
Mental Health Association in Talbot County
Mid-Atlantic Division of the American Association of Marriage and Family Therapy
Montgomery County Federation of Families for Children's Mental Health
NAMI Maryland (National Alliance on Mental Illness) and on behalf of:
 NAMI Allegany County
 NAMI Anne Arundel County
 NAMI Carroll County
 NAMI Cecil County
 NAMI Frederick County
 NAMI Garrett County
 NAMI Harford County
 NAMI Howard County
 NAMI Lower Shore
 NAMI Metropolitan Baltimore
 NAMI Montgomery County
 NAMI Prince George's County
 NAMI Southern Maryland
 NAMI Washington County
On Our Own of Anne Arundel County
On Our Own of Frederick County
On Our Own of Maryland
On Our Own of Montgomery County
On Our Own of St. Mary's County
Pathways
Prologue
University of Maryland Division of Community Psychiatry