p 410.863.7213 **f** 410.987.3154 www.pdgrehab.com
1110 Benfield Blvd, Suite B, Millersville, MD 21108

Testimony on SB 212
Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access - Alterations
Senate Finance Committee
January 30, 2024
POSITION: SUPPORT WITH AMENDMENT

I am Sondra Tranen, Executive Vice President of The Partnership Development Group, Inc. (PDG). PDG is based in Millersville and offers Behavioral Health, Trauma Treatment, and Case Management in the Anne Arundel County Detention Centers to about 1,500 individuals a year, and we offer Psychiatric Rehabilitation Services, Case Management, and Therapy to 450 individuals annually with serious mental illness in our community.

SB 212 amends the charge of the newly created Behavioral Health Care Treatment and Access Commission (SB 582/ HB 1148 from the 2023 session) to include a requirement to make recommendations regarding the financing structure and quality oversight necessary to integrate somatic and behavioral health care services in the Medicaid program.

PDG fully supports greater integration of behavioral health and somatic care services. We have a licensed Health Home for those participating in our Psychiatric Rehabilitation Program. The Health Home Program is designed to enhance person-centered care, empowering participants to manage and prevent chronic conditions in order to improve health outcomes, while reducing avoidable hospital encounters. To meet this mission, the Health Home Program provides:

- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Independent and Family Support
- Referral to Community and Social Supports

In addition to the Health Home Program, PDG coordinates care with all consumers' treatment teams, including: their Primary Care Physicians; Substance Use treatment providers; family members and/or support persons; and any others the consumers wish to have involved in their treatment. Integrated care coordination is completed minimally every six months, and usually more frequently based on the individual needs of each participant.

While we support improvements to integrated care, we do not support turning over behavioral health to managed care entities (carve-in) to try to achieve that goal. Studies have indicated that the carve-in

model does not advance the clinical integration of care,[1] while risking reduced access to care for those experiencing addiction or serious mental illness.[2] There are very real and critical concerns that must be taken into account before a carve-in could be contemplated.

For these reasons, we support the amendment to SB 212 proposed by CBH. **The amendment suggests striking "January 1, 2025" on p. 9, line 2 and inserting "July 1, 2025." This change will allow the Commission to have a year – rather than just six months – to gather input and weigh the various integration options.**

We echo the request for the Finance Committee's support in urging MDH to apply for the newly created innovation in Behavioral Health (IBH) model. The IBH model is a new federal financing model to allow up to eight states to receive funding and implementation support for an integrated care model. This model is consistent with the value-based payment legislation you passed last year and is a way to move assertively toward greater somatic/behavioral health integration without becoming mired in the carve-in controversy. The Notice of Funding Opportunity (NOFO)is expected to be released in Spring 2024.

We urge a favorable report on SB 212 with this amendment.

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[1] McConnell KJ, Edelstein S, Hall J, et al. Access, Utilization, and Quality of Behavioral Health Integration in Medicaid Managed Care. *JAMA Health Forum.* 2023;4(12):e234593. doi:10.1001/jamahealthforum.2023.4593.

[2] *See, e.g.,* Auty et al. Association Between Medicaid Managed Care Coverage of Substance Use Services and Treatment Utilization. *JAMA Health Forum.* 2022;3(8):e222812 (Maryland's SUD carve-in was associated with a 104.4% relative increase in utilization, while Nebraska's SUD carve-out was associated with a relative decrease of 33.2%); Frank RG. Behavioral health carve-outs: Do they impede access or prioritize the neediest? Health Serv Res. 2021 Oct;56(5):802-804 (reduced use of specialty care for people with serious mental illness associated with carve-in model).