



**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 AMENDMENTS**

I am Stephen DaRe, President and Chief Executive Officer of Chimes International Limited. Chimes is based in Baltimore and offers Acute and Intermediate Clinical Mental Health Services; Addiction Treatment; Life Skill Development, Residential Services, Vocational Programming, and In-Home Support Services to over 24,000 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.

Chimes fully supports greater integration of behavioral health and somatic care services. As a comprehensive provider of ambulatory, community-based, and residential behavioral health services, Chimes is recognized as an innovative and quality multi-service organization which includes state, regional, and international affiliates dedicated to services for individuals experiencing addiction, serious mental illness and intellectual/developmental disabilities. Our Behavioral Health Center of Excellence, Chimes Holcomb, offers a continuum of care designed to meet both behavioral health and somatic needs in Pennsylvania, Delaware, New Jersey and Maryland. Chimes Holcomb offers a “no wrong door” mentality with a total health care approach. Individuals and families across the lifespan can receive outpatient, medication management, medication-assisted treatment and group therapy in-person and via telehealth; nurses are employed to support physical health needs such as diabetes and blood pressure control, assistance with smoking cessation and guidance with weight management. As one of the nationally recognized 988 Suicide and Crisis Lifeline call centers, Chimes Holcomb offers 24/7 critical in-person and telephonic care to help individuals overcome crisis situations. Our interest is to continue expanding this critical work into Maryland via a CCBHC grant.

**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,<sup>1</sup> while risking reduced access to care for those experiencing addiction or serious mental illness.<sup>2</sup> There are very real and critical concerns that must be taken into account before a carve-in could be contemplated.

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<sup>1</sup> 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.

<sup>2</sup> 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).

For these reasons, we support the amendments to SB 212 proposed by CBH. **The first 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.**

**A second proposed amendment for your consideration is to add language requiring 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 those amendments.