MAINTAIN AN EFFECTIVE BEHAVIORAL HEALTH SYSTEM

PRSERVE MARYLAND'S CARVE-OUT

Maryland's carved-out behavioral health services meet the needs of Maryland residents with behavioral health disorders. Compared to alternative systems of care, carved-out services offers better access to care, a stronger array of interventions, and proven outcomes.

WHAT IS A CARVE-OUT?

When behavioral health services are "carved in" to Medicaid health plans, the health plan is responsible for selecting providers, deciding who can get services and how much they get, as well as coordinating a patient's care.

When services are "carved out," as in Maryland's publicly-funded system, anyone meeting the diagnostic criteria for treatment may access care. In other words, your doctor – not your health plan – decides if you need services. In addition, many providers offer care coordination and/or case management, and putting these functions at the provider level increases the likelihood that hard-to-reach individuals with behavioral health needs will benefit from these services.

WHAT ARE THE BENEFITS OF MARYLAND'S CARVE-OUT?

1. ACCESS TO SERVICES

Roughly 1.2 million Maryland residents experience mental illness ever year. Although the unmet need for mental health and substance use services remains high, Maryland reaches a significantly higher proportion of people in need than its counterparts across the country. **Maryland's penetration rate of mental health services is 22% higher than the average state**.

2. AN ARRAY OF INTERVENTIONS

The carve-out structure allows providers to develop specialty services that are not traditionally covered by health plans. Evidence-based practices can be difficult to maintain in low volume or low reimbursement structures associated with carved-in behavioral health services.

In fact, compared to the average state with carved-in behavioral health services, Maryland has:

- **Double the penetration rate of Assertive Community Treatment**, an intervention critical to reducing hospital admissions;
- **Triple the rate of supported housing services**; and
- Nearly **1 in 5 more consumers are employed** than the average state.

3. STRONG OUTCOMES

Patients connected to services show reduced symptoms, improved outcomes and less involvement with expensive collateral systems. The figure to the right summarizes statewide outcomes for individuals who have engaged in outpatient mental health treatment for one year.

Maryland's behavioral health services don't just improve individual lives – they also help other state systems reduce costs. For example, behavioral health homes have reduced patients' hospital lengths of stay by 15%.

After One Year of Treatment

- ✓ 35% reduction in thoughts of self-harm;
- ✓ 17% reduction in depressive symptoms;
- ✓ 3.4% reduction in consumers smoking, and another 5.8% reduced smoking;
- ✓ 3.6% reduction in consumers incarcerated;
- ✓ 5.3% reduction in homelessness.

Most importantly, a strong behavioral health system saves lives. Maryland has the fourth lowest age-adjusted suicide rate in the country, with **a suicide rate one-third lower than the national average.**

CAN A CARVE-OUT MANAGE COSTS AND INTEGRATE CARE?

Yes. Effective healthcare systems must manage costs and integrate somatic care with behavioral health treatment, and these goals can be met with slight modifications to Maryland's existing carve-out.

1. COST CONTAINMENT

Maryland's existing carve-out can be modified to include more risk. The current performance measures could be expanded to include risk-sharing or value-based payment with providers. Risk or value-based payment creates incentives for providers to identify better ways of delivering care that don't jeopardize patient care.

2. FINANCIAL INTEGRATION ≠ CLINICAL INTEGRATION

A carve-in would integrate payment for behavioral health and somatic care to one health plan, an arrangement which does nothing to advance the *clinical* integration that is vital to improved care. A growing number of behavioral health providers are offering care coordination with primary care, as well as onsite primary care. These essential clinical arrangements are independent from the process of paying for services. A carve-in does not accelerate or otherwise advance the clinical integration of care.

MARYLAND'S CARVE-OUT = SAVED DOLLARS + SAVED LIVES

Maryland's robust access to care, array of interventions and strong outcomes all add up to **saved dollars** and **saved lives**. The disruption and loss of access to care that would result from a carve-in could jeopardize Maryland's all-payor waiver and efforts to reduce opioid overdoses. Maintain Maryland's effective behavioral health system by preserving the carve-out.