

MBHS

MARYLAND BEHAVIORAL
HEALTH SOLUTIONS

Care Management Solutions
Bridging the Somatic/Behavioral Health Gap

The Challenge

- Costs of treating patients with chronic medical and behavioral health conditions are 2 to 3 times higher than those without comorbid behavioral health conditions.
 - *Majority of costs are experienced on the medical side.*
- Projected annual cost savings through effective integrated care by payer type:
 - Commercial: \$19.3 - \$38.6 Billion
 - Medicare: \$6.0 - \$12.0 Billion
 - Medicaid: \$12.3 - \$17.2 Billion
 - **Total: \$37.6 - \$67.8 Billion**

MBHS Structure and Composition

- Launched in 2019 after two-year planning with members
- Corporate structure: for-profit corporation with single signature authority
- Composition:
 - ❖ Stockholders and directors must be members of the Community Behavioral Health Association of Maryland (22 organizations)
 - ❖ Participating providers do not have to be CBH members or put capital into the network, but do have to agree to reporting and performance standards (4 organizations)

MBHS Purpose

1. Standardize and align through data warehouse-enabled reporting on costs, outcomes, and service utilization.
2. Open commercial market to assist plans in achieving network adequacy goals for behavioral health access
3. Pursue VBP arrangements that recognize and reward outcome-oriented results.

MBHS Service Capacity

A network of experienced 26 behavioral health organizations providing services statewide (except Garrett).

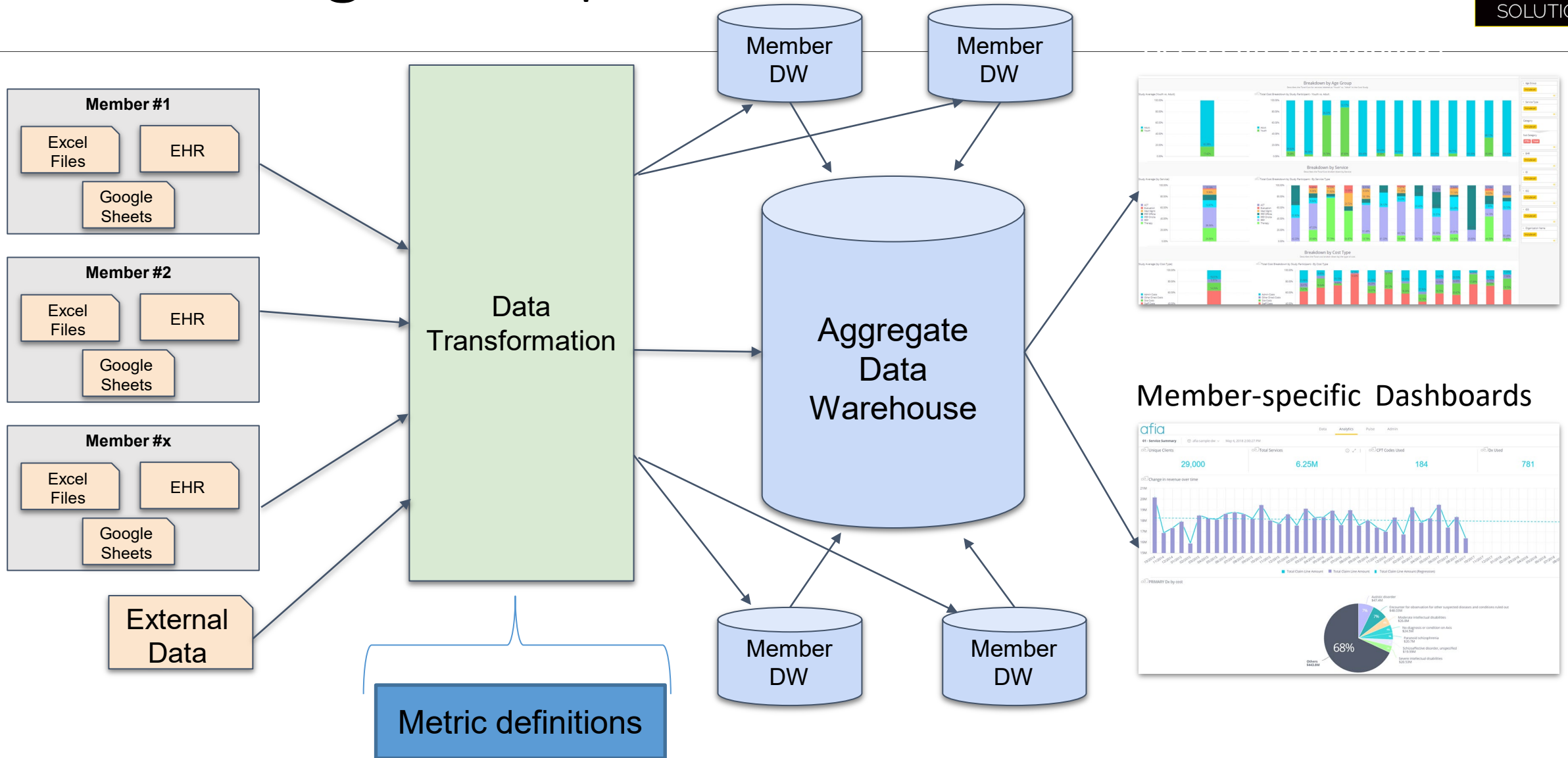
Licensed sites include:

- 60 outpatient MH clinics
- 34 outpatient SUD programs
- 18 mobile treatment/ACT programs
- 115 psychiatric rehab programs
- 44 health homes
- 173 licensed housing sites encompassing over 1,800 beds in crisis, residential and supported housing settings.

Participants employ:

- 61 Psychiatrists
- 69 Psychiatric Nurse Practitioners
- 28 Nurse Care Managers
- 341 Social Workers
- 540 Counselors and Substance Use Treatment Professionals
- 1,700 Community Health Workers

MBHS Alignment | Data Warehouse



What MBHS Brings to the Table?



Results: participants have a **proven track record** of reducing avoidable emergency department and inpatient utilization for both somatic and behavioral health reasons



Alignment: Use of a data warehouse and shared quality improvement efforts, including measurement-based care



Tech-Enabled: Use of CRISP tracking, medication adherence technology, risk stratification, and measurement-based care dashboards



Scale: Single signature authority and triaging to simplify referrals to the network and respond to changing individual needs

Health Home Approach

- In addition to the comprehensive array of mental health and substance use disorder services, nurse care managers utilize predictive technology to identify those members most at risk for emergency department/inpatient utilization
- Based on risk assessments, nurse care managers coordinate with behavioral health staff and primary care practitioners to develop a plan of intervention
- Should a member require hospitalization, NCMs coordinate the member's safe and successful transition back to the community

Benefits for Payers

- Access to a statewide group of organizations with a proven track record of managing Medicaid recipients with behavioral health needs
- Access to a robust array of benefits and care coordination tailored to meet individual member's needs and provide a strong link between somatic and behavioral health care
- A focus not only on reducing somatic costs but improving the quality of life for members
- Proven track record of addressing the social determinants of health - including housing, nutrition and transportation needs

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