

## ICMJE DISCLOSURE FORM

**Date:** August 12, 2021

**Your Name:** Larry R. Heard

**Manuscript Title:** Participation in Delivery System Reform Programs and U.S. Acute Care Hospital Integration into Behavioral Health

**Manuscript number (if known):** JHMHP-21-45

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
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**Please summarize the above conflict of interest in the following box:**

None.

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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** August 14, 2021

**Your Name:** Reena J. Kelly, PhD

**Manuscript Title:** Participation in Delivery System Reform Programs and U.S. Acute Care Hospital Integration into Behavioral Health

**Manuscript number (if known):** JHMHP-21-45

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| 4   | Consulting fees  | ___ None   |   |
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| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

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