

To: Members of the Public Health Committee

From: Roberta J. Cook, President and CEO, BHcare

Re: Public Health Committee Public Hearings on SB-417, An Act Concerning the Provision of Psychiatric And Substance use Treatment Services

Date: March 19, 2014

Senator Gerratana, Representative Johnson, Senator Slossberg, Representative Miller, and distinguished members of the Public Health Committee, I thank you for your consideration of my testimony. My name is Roberta Cook and I am the President and CEO of BHcare, a regional nonprofit dedicated to improving the lives and health of the communities we serve by providing comprehensive behavioral health, prevention and domestic violence services. BHcare is designated as the Local Mental Health Authority for the towns of Ansonia, Branford, Derby, East Haven, Guilford, Madison, North Branford, North Haven, Oxford, Seymour and Shelton. Each year BHcare provides wraparound mental health and addiction services for more than 2700 Connecticut residents.

I am writing today in support of SB-417, An Act Concerning the Provision of Psychiatric And Substance Use Treatment Services. SB-417 promotes the integration of behavioral health and primary care by allowing community based behavioral health providers to provide psychiatric and substance use disorder treatment services in primary and other healthcare settings.

Current DPH licensure regulations restrict clinical practice to the physical location specifically approved by the department; there is no provision, aside from receiving licensure for a new site, to provide off-site services by the licensed clinic.

Psychotropic medications for conditions such as depression, anxiety, and post traumatic stress disorder (PTSD) are more commonly prescribed by primary care physicians (PCP) than psychiatrists. It is estimated that more than 70 percent of individuals who are prescribed a psychotropic medication never see a mental health professional.

A 2005 Institute of Medicine Report concluded that the only way to achieve true quality (and equality) in the health system is to integrate primary care with mental health and substance abuse services. BHcare has been providing on-site primary care services for its clients with great success since 2009. 45.6 percent of clients who participate in our on-site primary care showed an improvement in body mass index (BMI), and those diagnosed with hypertension saw a significant reduction in systolic and diastolic blood pressure.

Care integration through co-location provides improved care for individuals and will result in better outcomes. The collaborative model, in which behavioral health services are provided in the primary care setting, has been shown to reap measurable benefits in both patient outcomes and long-term costs savings, by reducing avoidable hospitalization.

This legislation offers us the opportunity to reach individuals who are struggling with behavioral health issues, but only being seen by a PCP, while at the same time gives us an opportunity to support PCPs by providing them with access to behavioral health specialist who can safely and effectively treat patients and make appropriate referrals. This legislation is in line with the ACA and current CT health initiatives including behavioral health homes, the state innovation model, and the health neighborhoods demonstration project.

I thank the Public Health Committee for paying attention to this important issue and for drafting a bill that supports individuals who are struggling with mental health and substance abuse disorders and the primary care physicians who treat them.