



89: An Act Concerning Mental Health Services Section 4

Public Health Committee March 18, 2015

Dear Senator Gerratana, Representative Ritter, and esteemed members of the Public Health Committee:

My name is Deb Del Vecchio-Scully and I am the Connecticut Counseling Association's Executive Director and I am a Licensed Professional Counselor in private practice. I currently am employed by the Town of Newtown as the Clinical Recovery Leader serving the needs of the entire community regardless of insurance or socioeconomic status.

The Connecticut Counseling Association is a professional association that represents Licensed Professional Counselors (LPCs). For the past 88 years, the Connecticut Counseling Association (CCA) has supported the profession of counseling and those individuals and families it serves in a variety of clinical settings. We would like to offer our testimony on SB 1089.

Section 4 of the proposed SB 1089 establishes a behavioral health practice incentive to encourage mental health clinicians to work in designated underserved areas. We believe that the proposed incentive would help meet a serious need for mental health practitioners for the neediest CT residents, and we therefore support the fundamental concept of this proposal.

However this proposed statute includes incentives for Licensed Marriage and Family Therapists (LMFTs) and Licensed Clinical Social Workers (LCSWs) but fails to include Licensed Professional Counselors (LPCs). The three disciplines, LPCs, LMFT, LCSWs are all masters-prepared clinicians with similar training, scope of practice, and reimbursement of services. As such, LPCs should be given this valuable opportunity alongside other masters level clinicians.

LPCs should be given this opportunity for the following reasons:

- LPCs can and do make significant contributions to the diagnosis and treatment of those with mental and emotional disorders, including those in high-needs, underserved populations all across the state.
- In Connecticut, masters level mental health practitioners have similar training and similar scopes of practice.
- The CT statutes allow LPCs to engage in psychotherapy and other mental health services at a similar level as LCSWs and LMFTs. Specifically, Chapter 383c, Section 20-195aa establishes that LPCs may engage in "evaluation, assessment,

analysis, diagnosis and treatment of mental, behavioral or interpersonal dysfunction.” The statutes further state that LPC practice “includes but is not limited to, individual, group, marriage and family counseling...”

- These statutes make clear that LPCs are permitted by law to engage in psychotherapy at a level of care similar to other masters prepared clinicians.
- Like LCSWs and LMFTs, LPCs are entitled to and receive reimbursement from Medicaid and other third party payers at similar levels.
- Our training more than adequately prepares LPCs to serve diverse and underserved populations. Required coursework, supervision, and continuing education requirements include theory and practice related to treating diverse populations. Our ethical codes further underscore the importance of working toward social justice and expert care for diverse, impoverished, and other underserved groups.

The National Health Service Corps includes LCSWs, LMFTs and LPCs in the Federal Loan Repayment Program that also serves areas designated as underserved communities. If LPCs are reimbursed by the federal government, the state of Connecticut should do the same. The state of CT should follow the standard set by the federal government and permit LPCs to receive incentive just like other masters prepared mental health clinicians.

If included in this proposed bill, the state’s 2,218 LPCs would help meet this critical mental health treatment need. We therefore strongly urge the committee to add LPCs to the language of this proposed bill.

Respectfully,
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