

CT Mental Health Counselors Association (CMHCA)



Connecticut Mental Health Counseling Association

Testimony before the Public Health Committee

March 16, 2015

S.B. 1089 Testimony

As the current President of the Connecticut Mental Health Counselors Association, I Jonathan Stern, and the current association membership, am joining with the Connecticut Counseling Association to address the significant concerns that are brought about by the proposition of S.B. 1089 which have the potential to minimize the validity of the License for Professional Counselors.

Section 4 of the proposed S.B. 1089 establishes a behavioral health incentive to encourage **some** behavioral health practitioners to work in designated underserved areas. While this could meet a serious need for mental health services for those in Connecticut who are most in need and is a beneficial concept, it is concerning that it would not fully address the needs of these citizens.

This is because the proposed statute includes incentives for LMFT's and LCSW's **but fails to include LPC's**. All three disciplines, LPC, LMFT, and LCSW are all masters-prepared clinicians with similar training, in-the-field experience, scope of practice, and reimbursement for services. There is no valid reason to exclude LPC's from S.B. 1089. Constrastingly, it is more likely to be a long term cost effective modification to the bill to add LPC's to the proposed bill. This is because an increase in availability of outpatient providers will reduce wait times to engage in treatment, and thereby is likely to reduce Emergency Room admissions for mental health treatment, an exponentially more expensive alternative.

Additionally, LPC's can and already do make significant contributions to the diagnosis and treatment of those with mental health disorders and those who are part of underserved populations. The CT statutes currently allow LPC's to engage in psychotherapy, diagnosis of mental health disorders, and other mental health services at the same level as LCSW's and LMFT's. More specifically, Chapter 383c, Section 20-195aa establishes that LPC's 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 LPC's are permitted by law to engage in psychotherapy at a level of care quite similar to, if not the same as other masters prepared behavioral health clinicians.

LPCs are also entitled to and do receive reimbursement from Medicaid, Tri-Care, and other third party payers at similar levels. Also, the National Health Service Corps includes LMFTs, LCSWs, **and LPCs** in their Federal Loan Repayment Program which also is designed to retain behavioral health clinicians in areas designated as underserved communities. It is clear that if the Federal Government has been recognizing the value and importance of LPCs, it would be logical and beneficial for the State of Connecticut to follow this precedent. The State of Connecticut should follow the standard that has been set by the Federal Government and **permit LPCs an equal opportunity** to receive incentive just like other masters prepared mental health clinicians.

Please include the LPC in S.B. 1089 so that the state's 2,218 LPCs can help meet the need of those at most risk in Connecticut, thereby helping Connecticut as a whole to make progress.

Respectfully,

Jonathan Stern, MS, LPC

President, Connecticut Mental Health Counselors Association