

Written Testimony for the House Health Care Committee.
Oregon State Capitol, Salem
February 3, 2012

David Leventer, LPC, LMFT

Dear Committee Members,

I am writing this in support of HB4127, which would re-instate legislation authorizing Oregon Health Authority to certify and thereby create State Certified Mental Health Clinics. I want to explain some of the history of these clinics and why they are so important to Oregonians across the state.

I am a Licensed Professional Counselor and Licensed Marriage and Family Therapist in Oregon. I am also Executive Director of one of the fifty outpatient facilities which were formerly State Certified Mental Health Clinics certified by the Oregon Health Authority under OAR 309-039-0500 through 0540. The authority and statutory directive to certify these clinics was inadvertently removed from statute on January 1, 2007 when mental health parity legislation was enacted. This removal was not intended, and it was not discovered until 2011.

The original mandate for these clinics was in 1989 when the Legislature passed SB 31. This bill was drafted and passed through a collaborative effort by legislators, insurance carriers, clinicians and the public pursuing a common goal of providing effective, affordable and high quality mental health services to Oregonians. It was designed so that once a clinic met certain requirements, it would be qualified to receive insurance reimbursement for services rendered to patients.

For legislators, it was an opportunity to set up the creation of mental health clinics that would ensure best practices and continuous program evaluation, ethical guidelines, financial transparency, educational criteria and qualification of staff, procedures for accountability and periodic review by the Department of Human Services - all at no cost to the state. The certification program was designed to be completely funded by fees collected from the clinics themselves. And there would be any cost to the taxpayer for counseling services being provided to the public. In essence, the public would be getting mental health services subject to similar quality control as is being provided in taxpayer funded agencies being run by, or overseen by county governments - but at no cost to the taxpayer.

For insurers, this was an opportunity to have clinics created in the private sector that followed similar guidelines that are required of publically-funded county outpatient

mental health clinics. This allowed insurers to rest assured that their members were getting the highest quality care at these clinics. The same guidelines used to design treatment (which was mandated in the OAR) at these clinics is often considered so essential by insurers that a few require all clinicians for whose services they pay to meet similar guidelines. The quality control and safeguards in practice that is required at these clinics significantly exceeds anything licensed practitioners are required to do in independent practice.

So not only are there important quality control measures in place in these clinics, but treatment itself is more highly managed than is done with independent providers in “private practice.” This is not to say that treatment at these clinics is necessarily of higher quality than is being provided by independent, licensed practitioners. As a licensed practitioner myself, I am proud to be part of professional group of highly qualified licensees. But being part of a State Certified Mental Health Clinic, and being reviewed every three years by a highly trained and highly regarded physician employed by the State of Oregon to perform these reviews has helped me (and my staff) sharpen my skills and evaluate my ongoing provision of services at a higher level than previously. Every mental health clinician knows that ongoing supervision and continuing professional education after licensure is an essential aspect of being a good clinician – but being part of one of these clinics raises the bar. It has also helped me ensure that I am providing the best possible treatment to my clients.

Some other examples of the ways in which treatment at these former State Certified Mental Health Clinics exceeds that required of independent practitioners are the following: At these clinics, we are required to significantly involve parents in counseling of children, we are required to make sure that children are not counseled in the same setting as adults when their parents are not present, and we are required to involve clients and have them sign off in the treatment planning process and in the ongoing and final evaluation of their treatment.

In these State Certified Mental Health Clinics, all counselors work under supervision by a qualified supervisor, who is a licensed MD, PhD psychologist, LCSW, LPC or LMFT. At our clinic it is an LCSW. We must submit a treatment plan to the supervisor and the patient with precisely defined, measurable goals, and we must show improvement to justify treatment, and submit a discharge summary for each patient ending treatment. Formal supervision takes place twice per month, with peer supervision occurring on a weekly basis. In our clinic we have a psychiatrist, LCSWs, LPCs and an LMFT. We can therefore provide multi-disciplinary treatment for each patient as needed. Working to provide integrative care, a patient may see more than one clinician in the agency, (seeing one for individual therapy, and another perhaps, for group therapy), but can expect the same degree of access and the same copay for the same service code, regardless of the provider.

Working with the same model as county mental health clinics throughout the state, at State Certified Mental Health Clinics, there can also be clinicians with a Masters degree who are not yet licensed. These Qualified Mental Health Providers (QMFP) must meet

strict criteria to provide therapy at a certified clinic. As with licensed providers, they are required to undergo a criminal history background check. QMHP's are a recognized category of mental health professional within Oregon administrative law, that have for years offered direct mental health services across a variety of State and County Agencies. As long as they are functioning within their role inside these agencies, the services rendered by QMHP's are reimbursable by State, Federal, and private payors. Without reinstatement of HB 4127, it would seem arbitrary to deny payments to unlicensed QMHP's in clinics in the private sector, when exactly the same service offered by the same QMHP in a County Mental Health Program is reimbursable. Why should the matter of whether the facility is public or private have any bearing upon whether a QMHP's service is reimbursable? In both cases, the level of supervision and quality assurance are identical.

Insurers look almost exclusively to state governments to establish credentialing that sets the minimum standard for whom they will reimburse. This of course makes sense, as state licensure of professionals is specifically designed to insure quality health care and protection from criminal and unethical behavior. At our clinic, we learned just how much insurance carriers rely on government for this when we received notification from OHA that we were to immediately consider our certification invalid. Therefore, we let the insurers know this immediately. All who had been paying for services by rendered by QMHPs, without exception, said they would no longer reimburse for these services. Everything else for quality control, etc. was still in place from the day before we received notification to the day after; the only change was loss of state certification. Insurance carriers rely on state governments to provide this certification. They rightly believe that they cannot and should not reimburse just everyone and anyone who purports to provide health care. Without re-enactment of this legislation, middle class Oregonians will be denied quality health care by a whole class of Qualified Mental Health Providers during a time when the need for such services is great.

There is another reason why insurance reimbursement of all QMHP's is important: State Certified Mental Health Clinics provide one of the few settings in which counselor and social worker interns can receive the close day-to-day supervision for advanced training, which enable them to accumulate hours necessary for licensure.

A major advantage to passage of this bill is that we already know it works. The mechanism for, and the rules for setting up the certification process have been tried and tested for many years, and have been shown to be highly effective in doing precisely what the law was intended to do with its original passage in 1989 as SB 31.

Another benefit to the model of these clinics is that we are able to provide some low cost or free counseling without burdening the tax payer. I am not sure exactly how many of these clinics provided some low cost or free treatment, but I know a good number of them did. It is part of our mission to do so, and that of many others of these formerly certified clinics, especially as some of them, like many hospitals, were outgrowths of religious traditions to provide care for the underserved.

Oregon's poor are ensured high quality and low-cost mental health services by the publically funded county mental health clinics, and the very rich can afford the best therapy that money can buy. Middle class Oregonians are well-served by State Certified Mental Health Clinics with similarly rigorous quality control as county clinics, along with the benefit that their insurers pay for part of their necessary treatment.

Oregon has a history of being simultaneously innovative and conservative in many areas, not just in health care. We pride ourselves in giving as much freedom of choice as possible (and in not setting up laws that are too burdensome), and also in making sure through our laws that minimum standards are adhered to by everyone. In mental health care in particular, that has meant setting up a licensure process to ensure high quality standards for different types of practioners, such as psychiatrists, nurses, psychologists, social workers, counselors and marriage and family therapists. It has also meant setting up a certification process for publically and privately funded clinics offering care by licensees as well as by QMHPs. Additionally, by virtue of the fact that there are so many types of licenses and insurers are required to cover all of them, Oregonian are given true freedom of choice when it comes to choosing a qualified mental health provider. Reinstatement of these State Certified Mental Health Clinics fills a gap that was created accidentally in 2007 and continues this tradition of freedom of choice.

I strongly recommend that this committee recommend passage of this bill in order to reinstate a program that works, and a program that has expanded quality mental health services to both poor and middle-class Oregonians. This is an important bill that corrects an unfortunate and inadvertent consequence to important legislation passed in 1989, and it actually helps to honor the intent of ORS 743A which was to increase access to mental health care for citizens of our State. And finally, this can be done with a clear conscience in these difficult times for our economy, as it costs the taxpayer nothing. Thank you.