MaMHCA

Massachusetts Mental Health Counselors Association, Inc.

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Testimony in support of: HB 1602 and HB 601 which provides the funding.
"An Act Relative to Establishing a Behavioral Health Workforce Development Trust Fund" for LMHCs and other MA level behavioral health providers

Dear Senator Flanagan and Representative Garlick, Co-Chairs, and members of the Joint Committee on Mental Health, Substance Use and Recovery,

Every licensed behavioral health clinician in MA must have *2 years supervised experience in a mental health agency/clinic/hospital setting* to obtain their license, be eligible for third party payment, and practice independently. This unfunded mandate impacts patient safety & workforce development.

Bills HB 1602 and HB 601 represent one crucial part of a multi-pronged effort to bring relief to this problem.

HB 1602, "An Act Relative to Establishing a Behavioral Health Workforce Development Trust Fund" would establish both a funding and a competitive grant system which would be available on a competitive basis to qualified mental health agencies/clinics/hospitals, to be used solely to provide supervision to their clinical staff.

HB 601, the funding bill accompanying HB 1602, would allocate funds from the Workforce Development Trust Fund established under the Health Care Payment Reform Law of 2012. Chapter 240. We have also drafted a model of how to structure the competitive grant system.

Our Massachusetts mental health agencies are the essential training ground for our licensed, 3rd party billable behavioral health workforce.

Every year, mental health agencies train approximately 1100 pre-LMHCs a year, losing approximately 2200 hours of billable time, and approximately $9,500,000 in income annually to provide the mandated supervision for the developing LMHC behavioral health workforce. It becomes twice that – 19 million dollars ($19,000,000) when we factor in supervised training for the licensed social work behavioral health workforce. Agencies are expected to find the dollars to provide this required supervision from within their overhead. Supervision is not considered direct service and therefore, is not a billable service.

We know that appropriate clinical supervision is critical to patient safety and positive patient outcomes. In recent years, several cases of harmful and/or fatal patient outcomes (in Boston and suburbs) have been attributed to inadequate clinical supervision of trainees and providers.

And we also know from the BCBSMA Foundation Report on Child and Adolescent Behavioral Health Workforce Capacity (2010), that the Commonwealth is facing a serious, and increasing workforce shortage when it comes to treating this vulnerable population.

As I mentioned above, MaMHCA, also has other solution-oriented projects directed at providing relief for this problem. We have been working for several years with, and recently achieved a tentative agreement with, a significant third party payer to initiate a pilot project to finance the supervision and work-time of LMHC trainees in certain cooperating clinical facilities. A very significant development.

Additionally, we have developed a **Certified Clinical Supervision Training Program,** a first-of-its-kind post-licensure, 30 CE Clinical Supervision Training Program, with both core and specialty courses (now in 9th year). We offer deep discounts to enable mental health agencies to send supervisors to our program. And we have

recently applied for a grant to fund bringing our supervision training program to mental health agencies on their sites.

I strongly urge you to positively report out HB 1602 and HB 601 "An Act Relative to Establishing a Behavioral Health Workforce Development Trust Fund" for LMHCs and other MA level behavioral health providers, which supports workforce development and patient safety.

Respectfully submitted,

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