

MaineHealth

MaineHealth Member Organizations:

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

MaineHealth Affiliates:

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Testimony of Katie Fullam Harris

MaineHealth

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

In Support of LD 228

“An Act to Expedite the Issuance of Alcohol and Drug Counseling Licenses”

Sponsored by Rep. Anne Perry

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify in support of LD 228, “An Act to Expedite the Issuance of Alcohol and Drug Counseling Licenses.”

In 2016, MaineHealth made a commitment to doing its part to address the opioid epidemic that is ravaging our state. With an investment of personnel and financial resources, MaineHealth adopted a multi-faceted strategy that incorporates prevention, education and evidence-based treatment across eleven counties in Maine and Carroll County in New Hampshire. Our treatment model includes three levels of care: intensive outpatient services provided by specialty psychiatrists and addiction-trained clinicians in “hubs;” intermediate level of treatment provided in both hubs and some primary care offices; and ongoing treatment in primary care practices. The model emphasizes the chronic nature of this disease, and it is very similar to the model that we employ for other chronic diseases, such as diabetes and asthma. As a result of these investments, I am pleased to tell you that we provided treatment to 1,056 people in our Fiscal Year 2018.

As we have built this hub and spoke approach, it has become increasingly clear that there are distinct and artificial siloes that have been built not just between physical and behavioral health care, but also between substance use treatment and mental health treatment. Though the majority of individuals who have one diagnosis also have a co-occurring diagnosis in the other; “silo,” laws, rules, regulations and funding are neither integrated nor necessarily aligned. MaineHealth’s integrated

model that seeks to integrate behavioral health treatment, including substance use and mental health, with physical health care faces a multitude of artificial roadblocks due to the siloed nature of our regulatory and payment systems.

This bill will expedite the licensing process for substance use treatment providers, including certified clinical supervisors (CCS). We have larger concerns that the statute does not adopt the siloed approach between substance use and mental health that currently exist. We feel strongly that the existing rule that regulates requirements for Certified Clinical Supervisors, which would become codified with this bill, is unnecessarily onerous and time consuming.

We strongly support amending it to be more consistent with a holistic treatment approach for patients. Specifically, we believe that the requirement that licensed mental health professionals must document 1,000 hours of practice in alcohol and drug counseling in addition to their mental health license, should be expanded to allow for workplace experience – clinical and supervisory - with individuals who have co-occurring illness to meet the standard. This would waive:

“Proof of Clinically Supervised Work Experience

If currently licensed as a Psychologist, Registered Clinical Nurse Specialist, Clinical Professional Counselor, Clinical Social Worker, or any other licensed or certified mental health professional that is qualified to provide alcohol and drug services at an independent level:

⇒ 1,000 hours

We recommend that you consider making the same change for licensed alcohol and drug counselor certification as well.

We also strongly believe that five full days of additional didactic training that is currently required is excessive. It is extremely expensive and without enough sufficient value to justify five days out of the office for a busy clinician. We recommend that this be reduced to two days – 12 hours – of training. Currently these tests and trainings are offered only sporadically and with very little advantage taken to technological capacity to make these widely available. We recommend that the Department be required to offer the training no less than quarterly and throughout the state and develop capacity for asynchronous testing opportunities.

Given the workforce shortage that we currently face, these changes are both clinically sound and necessary to expand the capacity of substance use treatment providers in Maine. Certified Clinical Supervisors are in very short supply, and they are currently required in programs that treat acute substance use disorder. We urge the Committee to adopt this bill as amended, and further to require the Department to ensure that required training be made readily available to clinicians throughout the state.

Thank you, and I would be happy to answer questions.