

Committee on Health Coverage, Insurance, and Finance Services  
Cross Building, Room 220  
100 State House Station  
Augusta, ME 04333  
Attn: Edna Cayford

Dear Senator Bailey, Representative Perry, and esteemed members of the Committee on Health Coverage, Insurance, and Finance Services,

I am here to testify today for the National Association of Social Workers Maine Chapter (NASW ME) in support of LD 1304: A Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity. NASW Maine represents the 7,000 licensed social workers in Maine, many of whom are behavioral health clinicians and case managers in Primary Care practices. My 30+ years as a teacher of family medicine and behavioral health providers, an integrated behavioral health provider in a primary care practice, and a researcher informs my testimony.

Between January 2016 and January 2017, I was lead investigator on a study to identify key drivers, restrainers, and solutions for an Optimal Integrated Behavioral Health in Primary Care (IBHPC) Workforce in the six New England states. Participants included local, state and federal administrators; policy makers; payers; licensing board members; health care system administrators; trainers; educators and patients. 120 focus group participants identified drivers, restrainers and solutions related to infrastructure, training, finances, quality and perceptions. Solution strategies included:

- reducing bureaucracy (eg., credentialing, licensing, undo oversight)
- reducing fragmentation (eg., establishing and financing a state convener/coordinating body)
- streamlining reimbursement policies to "level the playing field" among and between providers (eg., health and behavior codes across behavioral health disciplines, ensuring payment parity between medical and behavioral health providers)
- streamlining behavioral health information sharing within and between primary care and IBHPC offices and community BH systems
- enhancing training of all health care team members to change processes and expectations
- keeping patients and family at the center of care (eg., including them in planning efforts)

The evidence (Tice, 2016), standards (Joint Principles, 2014), best practices (Gerrity, 2016) and state-level solutions in other parts of the country (Block, 2018, Tyler, 2017) exist to support a high-quality well-trained workforce that improves access to behavioral health care, decreases stigma, and improves behavioral health and medical outcomes. IBHPC basically gets patients the right care, at the right time, by the right professional.

NASW ME urges you to vote yes and support this resolve and Task Force.

Sincerely,

Julie M. Schirmer, LCSW, ACSW  
President, Board of Directors  
NASW Maine Chapter

**References:**

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Tice, J.A., Ollendorf, D.A., Reed, S.J., Shore, K.K., Weissberg, J., & Pearson, S.D. (2015). Integrating behavioral health into primary care: a technology assessment final report. *Institute for Clinical and Economic Review*. Retrieved from [https://icer-review.org/wp-content/uploads/2016/02/BHI\\_Final\\_Report\\_060215.pdf](https://icer-review.org/wp-content/uploads/2016/02/BHI_Final_Report_060215.pdf)

Tyler, E.T., Hulkower, R.L., Kaminski, J.W. Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers. Milbank Memorial Fund. March, 2017. [https://www.milbank.org/wp-content/uploads/2017/03/MMF\\_BHI\\_REPORT\\_FINAL.pdf](https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf)