

**US Senate Appropriations Subcommittee on Labor, Health and Human Services,  
and Education, and Related Agencies**

**Hearing on Overview of US Mental Health System, February 15, 2017  
Testimony of Joseph Parks M.D.**

Thank You for the Opportunity to Testify

My name is Joseph Parks. Over the past 30 years I've been responsible for the delivery of behavioral health services in Ohio, Illinois, and Missouri. For 20 years, I was the Medical Director for the Missouri Department of Mental Health and for three of those years I was director of the division responsible for mental health services. For the past three years, until this January, I was Missouri's Medicaid Director. During my 24 years of service in Missouri I was also and continue to be a practicing psychiatrist seeing patients at a federally qualified health center in Columbia, Missouri. Three of my immediate family members either have or are receiving treatment for behavioral health disorders. So the perspective I bring you today is that of someone who's been responsible for managing large healthcare budgets and delivery systems that include behavioral healthcare, regulating behavioral healthcare services, directly providing behavioral healthcare myself, and as a family member of persons dependent upon those services being accessible and effective.

Behavioral health conditions (both substance use disorders and mental illness) have come into increasing demand as treatments have become more effective and receiving treatment has become more acceptable. This change in demand is appropriate and necessary since we are in the midst of two epidemics -- opiate addiction and suicide. Depression is the leading cause of disability in the US for persons between the ages of 15 and 54, and for those individuals ages 15 to 34 suicide is the second most common cause of death. Behavioral health conditions increase the cost of general medical care. The cost of treating general medical conditions like diabetes and heart disease are 2 to 3 times higher when a person also has a behavioral health condition. Unfortunately, our current healthcare delivery system, workforce, and funding arrangements are not adequate to keep up with the demand and maintain reasonably prompt access to good quality, effective behavioral health treatment services -- as demonstrated by the fact that we serve only about half of people with serious mental illnesses in the United States.

Much progress could be made by ...

- Assuring that future changes to healthcare delivery continue to require and promote parity of coverage for treatment of mental illness and substance use disorders compared to general medical care.
- Assuring that future changes to healthcare delivery result in rates that are adequate to support the cost of care provided. I want to thank Senators Roy Blunt (R-MO) and Debbie Stabenow (D-MI), and Reps. Doris Matsui (D-CA) and Leonard Lance (R-NJ) for sponsoring the Excellence in Mental Health Act demonstration program enacted as: Section 223 of the Protecting Access to Medicare Act, which is an excellent step in this direction.
- Extending the Emergency Psychiatric Services IMD Demonstration, which demonstrated increased access and reduced costs in my home state of Missouri. Waiver of the IMD exclusion

should be extended to substance abuse residential treatment facilities. Treating substance use disorders in hospitals or in residential facilities of less than 16 beds is inefficient and expensive.

- Continuing funding for SAMHSA grants to integrate primary care and behavioral health care within community mental health centers, also known as the PBHCI initiative. People served in Community Mental Health Centers have higher rates of chronic medical illnesses like diabetes and heart disease than persons going to general primary care clinics. These initiatives save lives and reduce healthcare costs.
- Assuring the communities are ready to offer assistance and support to persons experiencing immediate distress due to their behavioral health disorder. I want thank this committee for providing \$15 million in funding for Mental Health First Aid each of the last three fiscal years and urge you to continue funding this important community safety net intervention.
- An ongoing commitment to covering pre-existing conditions is essential for persons with behavioral health disorders. However, equally important is to continue to require that persons are not charged more for coverage when they have chronic illnesses. A return to charging people more for coverage because they have a chronic illness will decrease access for persons with behavioral health disorders.
- The confidentiality requirements for sharing treatment information to coordinate and improve care should not be different for behavioral health disorders than general medical disorders. Separate requirements reduce the quality and effectiveness of treatment and promote stigma and fragmented care. Separate is never equal.
- The health care reform initiatives initiated over the past years have not provided behavioral health with the same support for increasing workforce capacity, adopting modern electronic medical records, and implementing payment and delivery system innovations that were made available to primary care and general medical care. I urge the committee to increase SAMHSA's Block Grant funding in the specific areas where behavioral health was left behind:
  - o implementing and enhancing electronic medical records
  - o training for behavioral health workforce
  - o implementing payment and delivery system innovations and
  - o funding for treatment facility replacement and renovations

This would also serve to demonstrate how Block Grant funding can be transformative in improving care.

The National Council Medical Director Institute convened an expert panel last October to develop recommendations for Improving Access to Services and will provide this committee with a report with detailed, specific policy options next month.

I want to close by again thanking the committee for this opportunity to testify. I would be pleased to be of any assistance I can in your efforts to improve access and quality of behavioral health services.