



February 1, 2022

The Honorable Raul Ruiz
Rayburn House Office Building
S. Capitol St & Independence Ave SE
Room 2342
Washington, DC 20515

Dear Representative Ruiz:

On behalf of the California State Association of Psychiatrists (CSAP), I write to ask that you co-sponsor H.R.5218, the *Collaborate in an Orderly and Cohesive Manner Act* introduced earlier this year by your colleagues Reps. Lizzie Fletcher (D-TX) and Jamie Herrera Beutler (R-WA). This legislation will improve access and outcomes to evidence-based mental health and substance use disorder care by enhancing the Collaborative Care Model (CoCM).

Our country is in the midst of a growing behavioral health crisis with suicide and overdose deaths at record levels. Many individuals first display symptoms of a mental health condition or substance use disorder in the primary care setting but frequently cannot access the necessary follow-up treatment. These patients often have difficulty finding a mental health professional or avoid seeking treatment due to the stigma that still exists around mental health and substance use disorders. The (CoCM) provides a strong building block to address these problems by ensuring that patients can receive expeditious behavioral health treatment within the office of their primary care physician.

The CoCM integrates behavioral health care within the primary care setting and features a primary care physician, a psychiatric consultant, and care manager working together in a coordinated fashion. Importantly, the team members use measurement-based care to ensure that patients are progressing and treatment is adjusted when they are not. The model is supported by over 90 research studies demonstrating its efficacy and is covered by Medicare, most private insurers, and about half of state Medicaid programs. Additionally, the CoCM has tremendous cost savings potential. For example, cost/benefit analysis demonstrates that this model has a 12:1 benefit to cost ratio for the treatment of depression in adults.¹ Furthermore, the model greatly increases the number of patients being treated for mental health and substance use disorders when compared to traditional 1:1 treatment.

Despite its strong evidence base and availability of reimbursement, uptake of the Collaborative Care Model by primary care physicians and practices remains low due to the up-front costs associated with implementing the model. Additionally, many primary care physicians and practices may be interested in adopting the model but are unsure of next steps. H.R. 5218 addresses both potential roadblocks by providing grants to primary care practices to cover start-up costs and by establishing technical

¹ Washington State Institute for Public Policy Benefit-Cost Results for Adult Mental Health. Retrieved from: <https://www.wsipp.wa.gov/BenefitCost?topicId=8>

assistance centers to provide support as practices implement the model. Finally, the bill promotes research to support and identify additional evidence-based models of integrated care.

We hope that you will agree to co-sponsor HR 5218 that will expand needed access to high-quality behavioral health care that is proven to be effective.

Sincerely,

A handwritten signature in blue ink, appearing to read "Yoder", with a stylized flourish at the end.

Paul J. Yoder
Legislative Advocate

CC: Erin Doty, Legislative Director, Office of U.S. House Representative Raul Ruiz