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**Testimony to House Human Services Committee on S. 295  
As Related to the Substance Abuse and Mental Health Services System  
April 17, 2014**

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S.295 may help reduce the societal and economic burden associated with substance abuse within traditional criminal justice system by creating "Alternatives to Criminal Justice" using a sequential intercept model that utilizes screening, assessing, referring, treating, and monitoring non-violent drug offenses (and potentially alcohol-related offenses as well?). S.295 has several strengths and weaknesses. I have reviewed most of the testimony from the Senate H&W Committee and the House Human Services Committee.

S.295 presents an excellent opportunity to utilize the independent MH/SA practitioner workforce to reduce criminal justice costs, reduce the burden on existing MH/SA systems, and improve access to high quality MH/SA screening, assessment, treatment and recovery resources.

**Recommendation:** The bill needs more specific language to urge the Dept. of Corrections and all agencies affiliated with the criminal justice system to include experts in MH/SA treatment for screening, assessment, referral, treatment and monitoring for defendants within the system that S.295 creates

To date, it is my impression and experience around the state from patients and professionals that the current system fails to adequately address and treat MH/SA issues. If S.295 is enacted without tapping into the valuable role the independent MH/SA provider community can play, it risks overwhelming an already overwhelmed treatment system.

Independent MH/SA providers already work closely with DOC/Parole/Probation, attorneys, CRASH, Diversion, DCF in legal matters that involve a MH/SA component.

S.295 will offer defendants an opportunity to engage in treatment and be monitored. If they refuse, they will follow traditional criminal justice procedures.

**Recommendation:** S.295 must specify a defendant's right to choose from a menu of treatment options, including licensed independent MH/SA providers. People offered the option of treatment as opposed to traditional court proceedings must not be given Medication Assisted Treatment (MAT) as a 1<sup>st</sup> line treatment or only referral option, *even* if they've screened positive for opioid addiction. Suboxone and Methadone are but one option for treatment, and shouldn't be used as a stand-alone treatment. MAT programs may be offered only in conjunction with a new or established relationship with a licensed alcohol/drug counselor and/or licensed mental health provider.

Independent Providers use the Fee-For-Service (FFS) reimbursement model. This may change as reform unfolds. The FFS model serves S.295 well if it can integrate independent providers. It may relieve the human and financial burden on the administratively expensive agency and medical systems. There is a ready, willing, and highly qualified workforce available to assist with the implementation of S.295 and other healthcare reforms yet this workforce may be being overlooked as a vital partner in such initiatives.