

**H.481.**

Written testimony from Rick Barnett, Legislative Chair of the Vermont Psychological Association. March 25, 2015.

To the House Committee on Health Care,

Please accept this communication as formal written testimony on H.481. My name is Rick Barnett, Past-President and current Legislative Chair of the Vermont Psychological Association. I have served on several committees over the past several years alongside many of the representatives of groups from whom you have gathered testimony on H.481. This includes advisory roles to the Dept of Health, the Blueprint for Health, the Green Mt Care Board, and the Governors Healthcare Workforce Workgroup, among others.

There is a consistent and glaring oversight in most healthcare reform discussions and decision-making policy initiatives that involve mental/behavioral health care. These discussions seem to convey that all mental health and substance abuse services in Vermont are delivered and/or administered under the auspices of the Dept of Mental Health, Designated Agencies, or other similar systems. Furthermore, these discussions seem to omit the fact that that most licensed mental health practitioners, who provide the bulk of primary mental health care services to Vermonters, deliver their services OUTSIDE of these more visible and more outspoken entities. According to data from Dept of Vt Health Access alone, over \$20 million in Medicaid funds goes to providing mental health services in independent settings. In your deliberations around H.481 and related health care and mental health legislation, please consider the vital role of the seemingly invisible workforce of mental health providers treating patients everyday in their offices.

Here is some suggested language for H.481.

**Sec. 6 (page 6)**

a) The sum of \$4,508,911.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access in fiscal year 2016 to increase payments to patient-centered medical homes, increase payments to community health teams, **increase payments to mental health and addiction treatment providers who may work collaboratively with patient-centered medical homes and community health teams**, and rebalance community health teams as described in subsection (b) of this section.

**Page 7, (c), Re: Adverse Childhood Experiences, Line 12**

Considerations should include prevention, early identification, screening, **and referral to providers with expert training and experience in trauma, mental health and behavioral change**, as well as reducing the impact of adverse childhood experiences through trauma-informed treatment and suicide prevention initiatives.

**Page 12-14 § 9352. VERMONT INFORMATION TECHNOLOGY LEADERS**

Please add to the proposed list of Board of Directors of VITL:

**One Representative of Vermont Mental Health and Addiction Providers**

**Sec. 15. (page 15) REFERRAL REGISTRY**

On or before [October 1, 2015](#), the Department of Mental Health and the Division of Alcohol and Drug Abuse Programs in the Department of Health, **with input from leading mental health and addiction provider professional associations**, shall develop jointly a registry of mental health and addiction services providers in Vermont, **including all licensed and independently practicing providers**, organized by county. The registry shall be updated at least annually and shall be made available to primary care providers participating in the Blueprint for Health and to the public. **The registry shall be funded by resources within the overall healthcare budget as described in this bill.**

Please note that there is overwhelming support for this Referral Registry from a broad range of groups and healthcare providers that can be furnished upon request.

Please let me know if you'd like more information and/or testimony on the above issues. Thank you for your service on behalf of all Vermonters.

Respectfully submitted,

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