

Senate Committee on Government Operations**S.183 An act relating to planning for the Agency of Health Care Administration****Disability Rights Vermont Testimony****Lindsey Owen, Executive Director****March 14, 2024**

Thank you for inviting me to speak with you today about S.183. Due to a scheduling conflict, DRVT is unable to provide oral testimony, but offer the following written testimony and welcome any follow up questions should that be needed.

My name is Lindsey Owen, and I am the Executive Director at Disability Rights Vermont. I have been with the organization for over eleven years. I was hired as the Executive Director in May 2021.

Disability Rights Vermont is the Protection and Advocacy agency for the State of Vermont. The Protection and Advocacy system was established after much attention in the media of horrific and negligent treatment of people with disabilities at a place operated by the State of New York that was supposed to be providing care to these individuals. The abuse and neglect was profound and shocking. As a result, P&As across the country receive a variety of federal grants to investigate and remedy abuse, neglect and serious rights violations impacting individuals with disabilities and perpetrated by state actors, facilities, caregivers, employers and others. Disability Rights Vermont is also designated by the Governor as Vermont's Mental Health Care Ombudsman. In that role, we are supposed to receive reports of the Critical Incident Reports and the Certificates of Need involving serious bodily injury, death or emergency involuntary procedures for individuals in the care, custody or temporary custody of the Department of Mental Health. For almost a year now, we have been in disagreement with the Department about unilateral changes that were wanted regarding this decade old practice and agreement. We have gone months without any reports, then several months with redacted reports (impacting our ability to really know what happened), and we are now in another period of not receiving anything at all.

During the course of its work and the exercise of its duties, DRVT regularly observes the all too common experience of an individual being dually eligible for services from DAIL and DMH, but neither will take responsibility or the initiative to provide the treatment that person will need in order for the individual to receive services in the least restrictive setting. DRVT remains concerned that any restructuring of AHS would only further exacerbate the current system's ability to put the responsibility on another department within the agency, delaying necessary and appropriate care for Vermonters.



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As this committee is well aware, there is a significant workforce crisis in Vermont, and DRVT has observed that crisis to be the biggest barrier to getting Vermonters the services they need and deserve at the earliest point in time. Whether or not a restructuring of AHS or dividing AHS will have a positive impact on this crisis is unknown. To the extent the committee votes on this bill, DRVT appreciates the acknowledgement of our work and our role and would gladly and actively participate in this collaboration with the Secretary's office and others.

Thank you,

Lindsey Owen