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February 7, 2022

House/Senate Committee on Appropriations

Re: Testimony on Vermont's Continuum of Care System Needs

On behalf of Disability Rights Vermont (DRVT), the federally authorized disability protection and advocacy system in Vermont pursuant to 42 U.S.C. 10801 et seq., and the Mental Health Care Ombudsman for the State of Vermont pursuant to 18 V.S.A. §7259, thank you for this invitation to testify. For some background, DRVT provides direct advocacy support to Vermonters with disabilities state-wide. We provide services in hospitals, prisons, and any place where people with disabilities are living. Our services range from informal advocacy support to formal legal representation in complaints and lawsuits. DRVT's mission is to promote the equality, dignity, and self-determination of people with disabilities.

This Committee's focus is to allocate the use of funds in order to maximize benefit for the citizens of Vermont. In considering how to best achieve this benefit, it is useful to pay close attention to those of us who need help the most. One such segment is Vermonters with psychiatric and developmental disabilities. People with disabilities have historically lacked the necessary funds to live their most fulfilling and independent life. Despite great progress in Vermont, community-based programs that serve people with disabilities still lack adequate funding.

The development of these programs and placements is a matter of how we shape our system of care for those with disabilities. There's a finite amount of resources and so it's a question of how we properly invest in Vermonters. As we know, there is a continuum of care: the services needed and placement options to provide services for people with disabilities must account for the entire continuum. Most people, most of the time, can be served effectively with home and community based care. Receiving supports, treatment, and services in the community empowers people to thrive. They can

*Defending and Advancing the rights of people with disabilities.*

Email at [info@DisabilityRightsVT.org](mailto:info@DisabilityRightsVT.org),

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maintain employment, further their education, spend time with their family, and engage with their community all while receiving necessary supports.

Not only are outcomes of the individual and the community improved through community-based services, but it is the law to provide services in the most community integrated setting. In *Olmstead v. L.C. ex rel Zimring*, the United States Supreme Court, in interpreting the Americans with Disabilities Act, held that states must place individuals with disabilities in the least-restrictive community settings when it is clinically appropriate to do so. *Olmstead v. L.C.*, 527 US 581 (1999). The State of Vermont, primarily through the Agency of Human Services, has the task of developing and enhancing community based services and integrating healthcare services. The Department of Mental Health, for example, is currently facilitating the Mental Health Integration Council and has the charge of bringing together all sectors of the healthcare system. See 18 V.S.A. §7251(4). Providing services in the most community integrated setting requires having adequate community placements and adequate resources invested in community-based services.

Sometimes, people living in integrated settings still need places to go to for services. Some are day programs, residential, and very few at times need secure placements. There needs to be an examination of the data to determine how best to allocate resources. Mostly, what is lacking is home and community based services and that's where the bulk of our investments should go.

See <https://disabilityrightsvt.org/wp-content/uploads/2020/06/DRVT-Olmstead-Report.pdf> (finding, after a 6-month investigation, that many Vermonters were stuck unnecessarily in inpatient settings due to a lack of community resources, placements, and home-based services). In addition to the legal and moral support for investing in community based resources, it is also the most fiscally responsible choice. As of a few years ago, the average cost per individual per day hospitalized at our state-operated inpatient psychiatric hospital is \$2,537; the average daily costs for psychiatric patients in the privately-run designated hospitals is \$1,425. Placement in an Intensive Residential Recovery Residence is approximately \$790 per day, in a Crisis Bed (either Designated Agency or Peer Run) approximately \$664 per day, and those individuals with mental illness being served in their own homes in the community cost approximately \$64 per day.<sup>1</sup>

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<sup>1</sup> These figures are estimated from the following data sources: Vermont Care Partners 2018 “FY 2018 Outcomes and Data Report”; “Narrowing the Gap in Recovery-Oriented Community Services: A presentation by Alyssum, Another Way Community Center, Pathways Vermont, and Vermont Psychiatric Survivors” October 22, 2019; Vermont Department of Mental Health FY2018 Budget Presentation Melissa Bailey, Commissioner.

Our community system of care is in crisis. We have insufficient community capacity and a major staffing shortage contributing to people being boarded for long periods of time in hospital emergency departments or in inpatient settings when they no longer need to be there due to the lack of alternative, less restrictive community placements. Vermonters are experiencing increased stress and psychiatric crisis. We need to work to serve all Vermonters as best we can in the community. Services such as psychiatric and developmental disability services, affordable and accessible housing, childcare, educational supports, and career opportunities need to be provided.

Mental health and intellectual/developmental services seem to be the greatest need. Again, most people can be served in the community at home with the right supports and services. Some need residential. Getting Vermonters into community and residential placements with adequate services is not a new problem, but the COVID-19 pandemic and associated staffing shortages have exacerbated it.

For mental health needs, we clearly need more emergency room diversion programs and placements. Our hospitals are being overwhelmed by Vermonters of all ages in search of mental health services. Often times, the hospital is not the appropriate place for these individuals seeking services. Alternatives like peer respite centers, crisis living-room model placements, and mobile crisis units should be developed to best serve these people and families.

Community placements for citizens with developmental and psychiatric disabilities need immediate investment from the State. Given the State's legal obligation laid down in *Olmstead*, this committee should make funding such efforts a priority. People with disabilities are a vulnerable segment of our population and they need our help. More community and residential placements need to be created. They also need to be funded and staffed properly. Committing funds to this endeavor will help Vermonters with disabilities and relieve the stress put on in-patient hospital units around the state.

Thank you for your consideration of these comments.

Sincerely,  
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