



VERMONT
CARE
PARTNERS

Amy Johnson – Director of Government Affairs & Communication
Vermont Care Partners

Kelsey Stavseth - Executive Director
Northeast Kingdom Human Services

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Vermont's System of Care Designated and Specialized Service Agencies

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.Lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org

HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org



FORENSIC PROGRAM CONDITIONAL SUPPORT

- There is not full consensus from the VCP network – difficult choice but ultimately most of the network agrees there’s a need for a forensic facility for a very small number of individuals.
- There exists a very small number of people for whom the most supportive and least restrictive environment may not be in the home and community-based setting. Current alternative placements include prison or out of state facilities. A forensic facility could better support the rehabilitation process and transition back to other levels of care.
- Programs that DA/SSAs have tried to create are costly, difficult to staff, and may not have the level or expertise of a forensic facility for the care that is needed. The forensic program creates a needed resource for the continuum of residential services for individuals with mental health conditions. Levels of care are important.
- The bill also discusses the use of a forensic program for people with I/DD. With concerns about using an “institutional’ environment for this population being raised. A working group was established to discuss the forensic facility as it relates to the I/DD population. That report can be found [HERE](#)

VCP RECOMMENDATIONS

Program Design & Oversight

- Need to balance safety with human dignity
- Any facility needs to be built with the least restrictive and most therapeutic approach possible.
- Robust stakeholder input (VCP, individuals with lived experience, DMH, DAIL, clinicians/nursing/psych experts, etc.)
- Transparent and independent oversight – having sufficient oversight with good checks and balances is essential
- Look into what other states are doing and what can be gleaned from what works and what has not

Invest in Home/Community Based Care

- Investment in 'what is next', is key - investment in community supports to transitions individuals at discharge.

Safety Panel

- The bill does lay out the "human services safety panel" made up of individuals from state government only. While it is understood that the panel would consider input from their respective clinical and departmental colleagues, we recommend that membership include a person with clinical expertise who would directly advise. Also, someone with lived experience.

Competency Restoration

- VCP agrees with a competency restoration study and the investment in robust competency restoration program/services

ROBUST INVESTMENT IN THE FULL CONTINUUM

Building the Crisis Iceberg...

- It can't be understated the value of home and community-based services on our state. As they have been eroded, we continue to need additional investment in higher levels of care. There will always been some level of need for these, but we become more reliant on them as the preventative based services are not invested in. The system needs a continuum that is well funded, so people don't get stuck in places that aren't the most supportive and least restrictive.

What might robust investment look like?

- Regular, predictable increases to the system of care as noted in the state statute
- Special funds that a DA/SSA can access to build programming for high-acuity individuals who might otherwise need forensic facility programming or a step-down from them
- The ability to pay individuals supporting high-acuity programming wages that reflect the nature of that work



Amy Johnson – amy@vermontcarepartners.org