

**House Committee on Health Care
Disability Advocacy Day 2026
Disability Rights Vermont Testimony
Lindsey St.Amour, Executive Director
February 11, 2026**

Good morning, my name is Lindsey St.Amour, and I am the Executive Director at Disability Rights Vermont. I have been with the organization for over thirteen years. Thank you for this opportunity to speak with you all today, on Disability Advocacy Day. For those of you less familiar with Disability Rights Vermont, we are the Protection and Advocacy agency for the entire 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. Given our role as the P&A, Disability Rights Vermont is also designated by the Governor as Vermont's Mental Health Care Ombudsman¹.

Additionally, I also serve as the Vice President of the Vermont Coalition for Disability Rights. The Vermont Coalition for Disability Rights (VCDR) is a statewide coalition of member organizations advancing the human and civil rights of Vermonters with disabilities. Informed by the experiences of people with disabilities and service providers across Vermont, VCDR engages in legislative and policy advocacy to protect dignity and strengthen community-based supports. Every year we try to identify a theme, something that we hope will resonate with our legislators, communities and each other. This year, the decision was obvious. Write disability rights into *every* bill. Disability is the largest minority group in Vermont, and across the Country. Disability is a natural part of the human experience. At any given point in time, across the lifespan, regardless of age, race, ethnicity, gender, or income, every single one of us may or does have a disability. Therefore, rather than continuing along this rocky and uphill path of trying to make accommodations and considerations after the fact, the various members of the Vermont Coalition for Disability Rights ask that we all start now. From

¹ Please read out MHCO Annual Reports, <https://legislature.vermont.gov/assets/Legislative-Reports/MHCO-Annual-Report-SF2025-1.30.26.pdf>
<https://legislature.vermont.gov/assets/Legislative-Reports/MHCO-Annual-Report-2024-For-Submission.pdf>

the ground up. Let's make policies and laws that are as smooth and accessible and equitable as possible, because that is what we all deserve.

In preparing for today's testimony, I looked at testimony that I provided two years ago to this committee, March 29, 2024. Sadly, I can reiterate most of that testimony today. Two years from now, I hope that won't be the case.... In 2024, I reminded this committee of the Olmstead decision and the Integration mandate of the ADA, that states healthcare providers (including mental health) are mandated to provide care in the least restrictive manner possible. Compliance with the Olmstead provisions means that substantive efforts are required to provide for care at all levels of intervention: home care through hospitalization. This results not only in improved outcomes but also substantial cost savings. In 2024, I highlighted the trend in Vermont that placed an emphasis on increasing resources in more restrictive settings while treating the Olmstead requirements more like aspirational guidelines instead of what it is, which is the law. There is no secrecy or doubt about the fact that community-based resources foster financial, emotional and physical wellbeing, stability of patients, providers, and the State as a whole.

Now, in 2026, the Forensic Facility is back on the table, and we've already started building the adolescent inpatient unit in Bennington, and DCF just entered a contract for a 3 bed crisis unit in a sheriff's department for kids at a cost of \$21.5 million (for 5 years). These continued efforts to expand our most expensive and most restrictive placements while failing to expand our workforce and community based supports should not be supported by the legislature. Children, adolescents and adults should enter the system at the lowest level of care necessary, and only when they are unable to succeed or make progress at the lower level of care, should additional methods, and more restrictive models of care be introduced. See Holding the Line Report, containing relevant recommendations².

In the spirit and intent of Disability Advocacy Day, I would encourage members of this committee to approach your decisions with the Vermont Coalition for Disability Rights Statement of Principles in mind, and to ask yourselves, whenever a policy decision has the potential to take away the liberty or autonomy of a group of individuals that the very first question you all seek to answer is what was attempted first³? And if the answer is unclear or nothing, then we should seriously question that and push back on if the proposal before us is the right solution for everybody. When I suggest that it be the right decision, I am envisioning equity. So, for one concrete example, when the

²

<https://hrc.vermont.gov/sites/hrc/files/documents/HRC%20HOLDING%20THE%20LINE%202026.pdf>

³ <https://vcdcr.org/2026/01/12/2026-principles/>

legislature decided to expand the situations by which a person could be arrested without a warrant and charged with crimes against healthcare workers, no consideration was made for the individuals who were forced to seek care in those hospital settings and for many of those individuals sustained emergency involuntary procedures through chemical or physical restraint or seclusion. No data or recourse is contemplated for the party of the other side of this formula. Arguably, neither party is at fault, but only the healthcare provider and the system itself has some recourse or support, but the person in crisis, and in need of care does not. One recommendation DRVT has had for years regarding this inequity is that emergency department staff must report all restraints (any kind) and seclusion procedures to DMH, who would then report to DRVT, to foster more transparency and fairness in these difficult situations.

This committee has an enormous amount of important work and considerations before you. I appreciate your time and attention, and I am always available to answer any further questions or provide additional information.

Thank you,
Lindsey St.Amour