

**To: Senate Committee on Health and Welfare, Senate Committee on Finance; House Committee on Health Care; House Committee on Human Services**

**Re: Disability Rights Vermont Memorandum in Response to AHS Joint Memorandum on H.657 (dated May 6, 2026, and May 12, 2026)**

**From: Lindsey St.Amour, Executive Director (DRVT)**

**Date: May 14, 2026**

Dear Committee Chairs and Members,

Disability Rights Vermont is the Protection and Advocacy (or P&A) agency for the State of Vermont. The United States Congress established the P&A system and P&As receive federal grants to investigate and remedy abuse, neglect, and serious rights violations impacting individuals with disabilities, whether perpetrated by state actors, private facilities, caregivers, employers, or others. Given our role as the P&A, DRVT is also designated by the Governor as Vermont's Mental Health Care Ombudsman (MHCO).

DRVT has previously commented on the value of H.657 and the protections that it offers to support our vulnerable Vermont children, dated April 30, 2026. DRVT remains in support of this bill, as drafted and inclusive of the sections related to restraint and seclusion.

AHS's memoranda submitted on May 6, 2026 and May 12, 2026 perfectly underscore the concerning perspective that is shared across the departments, namely that it appears to be more important to have the ability to forcibly, involuntarily, inject drugs into our children and to place children into these facilities, mostly out of state, rather than invest in community based services and the individuals paid to provide those same services here in Vermont. I say this having recently learned about the impending closure of a crisis stabilization program in Chittenden County due to a lack of ability to staff the program 24/7.

Rather than re-create or re-write the wheel, I offer the following report put together by the National Disability Rights Network, as well as excerpts from other Protection and Advocacy agencies (like DRVT) throughout the country who have testified on the subject of PRTFs that speak to many of the reasons why if we continue to use PRTFs, DRVT supports the implementation of H.657 that addresses these facilities in part, and the practices that occur within them. In short, Vermont should be skeptical of the use

of PRTFs and highly diligent and careful in the utilization of these placements in light of the exorbitant financial and emotional costs.

Full Report, Desperation without Dignity: [https://www.ndrn.org/wp-content/uploads/2021/10/NDRN\\_Desperation\\_without\\_Dignity\\_Final.pdf](https://www.ndrn.org/wp-content/uploads/2021/10/NDRN_Desperation_without_Dignity_Final.pdf)

#### PRTF's Lack Oversight:

"As a nation, we should be ashamed of the system we have developed for our most vulnerable children. Our research makes clear that youth residential facilities cannot provide an adequate therapeutic and educational environment. We urge Congress to eliminate such facilities, or at least minimize their use and dramatically improve their conditions and oversight." (Disability Law Colorado)

"The very fact that protection and advocacy agencies are so involved in this arena is evidence of the extent of the problem. P&A's across the country have been monitoring, investigating, writing reports about, and advocating on behalf of clients within facilities. Protection and Advocacy agencies are a backstop. Our involvement is an indication of a failure of the intended government oversight mechanisms." (Disability Rights Arkansas (DRAR))

[statements] from children included, "this place is re-traumatizing me," "it feels like they don't really care about us," "we hardly learn skills here to function outside of here," "this place would be more helpful to me if there were more groups," "this place is toxic, unstable, unhygienic, and unfair," "peers are fighting everyday," "it's mentally draining," and "we sit around all day and it feels like no one cares about us." (DRAR)

"It is unknown what, if any, vetting is conducted by Idaho state agencies prior to the referral and placement of a child in these out of state settings. In a recent case, DRI learned that Department staff routinely send youth to the Judge Rotenberg Education Center (JRC) in Massachusetts, an approved Medicaid provider. The JRC is marketed as a school for emotionally disturbed youth that uses Applied Behavior Analysis (ABA) treatment plans. However, to this day it is the only placement in the country that uses electric shock devices to stop unwanted student behavior. The U.S. Food and Drug Administration unsuccessfully sought to ban this practice in 2020 and the JRC has been condemned for torture for these practices by the United Nations. Six residents have died at this facility since it was founded in 1971. Once placed in such a facility, it is also unknown what, if any, oversight is conducted by Idaho state agencies in terms of ensuring the youth is not being subjected to such practices." (Disability Rights Idaho)

“DRI shares the same concerns Disability Rights Arkansas identified regarding the inherent lack of transparency that exists for those concerned about out-of-state placements that Medicaid routinely funds. In some states, little information can be found about these facilities, leaving Idaho families unaware of the conditions their youth are subject to. Families are forced to trust that Medicaid or other state agencies would not put their youth in danger. However, in some instances, facilities will only admit youth from out-of-state, further complicating which state, if any, is conducting oversight of the facility and ensuring the safety of the youth placed within it.” (Disability Rights Idaho).

### PRTF's Are More Costly:

When children are sent out-of-state it makes it a) more difficult to maintain connections with family, b) more difficult for out of state agencies to monitor the facility and uphold their own state standards (which may be a higher standard than the receiving state), c) extremely difficult for meaningful discharge planning to occur due to the out of state facility not having relationships with providers or even understanding the community that the child is returning to, and d) it can allow a facility to evade regulation by shifting to court children from another state if one state stops sending children because of subpar conditions. When states send children in their custody out of state, they are also paying not only the exorbitant daily rates of these facilities, but for caseworkers to fly out and visit, and for teams to travel to facilities to complete, at a minimum, annual inspections of care. This is all money and employee resources that could be going to fund and provide direct services in their home states.

(Disability Rights Arkansas Testimony, June 12, 2024)

H.657 appears to create mechanisms to potentially avoid and mitigate some of the lack of oversight and harms described above, for example around the use of harmful involuntary procedures.

To the extent that H.657 limits Vermont’s ability to contract with out of state placements, we, as Vermonters, should be okay with that risk. It is in fact, no risk at all, because it is protecting our children by adhering to higher standards of care. It is not persuasive to me that chemical restraints may be preferred by some over physical restraints, when you must physically restrain someone in order to involuntarily administer the chemical restraint. DRVT, as the MHCO for Vermont, sees far too often Certificates of Need for involuntary medications contemporaneous to the Certificate of



Need for physical restraints, despite law and regulations that denounce the use of restraints in combination. This is a practice that exists already in Vermont for adults and has yet to be corrected. We should not be creating another avenue for providers to implement various forms of restraint in combination when there is little to no justification to support the excessive combination.

Thank you for your consideration of this bill and the variety of benefits it offers to younger Vermonters. Thank you for your consideration of this memorandum. If you need anything else from Disability Rights Vermont, please contact me.

Respectfully,

Lindsey St.Amour, Esq.

Executive Director