

S.193 – Forensic Facility

Vermont Care Partners: Comments to the House Human Services Committee

April 26, 2026

Broad agreement on the need for secure therapeutic treatment facility — significant concerns about the approach

Where We Align

Specialized Secure Treatment Option

Vermont lacks an appropriate secure setting for individuals with complex needs and elevated risk when community-based care is not safe and/or effective. The current system is not designed, or funded, to meet this need.

Competency Restoration Pathway

We support clinically appropriate competency restoration services to ensure individuals have access to a timely and fair legal process.

Centering Victims in the Process

We strongly support a system that ensures victims are informed, heard, and meaningfully included in decisions that impact their safety.

Therapeutic, Trauma-Informed Approach

Any model must be designed and operated as a therapeutic, recovery-oriented, trauma-informed environment — not correctional in practice or culture.

Where We Have Significant Concerns

Correctional Framework

Locating this model within the Dept. of Corrections raises serious concerns about whether a truly therapeutic environment can be achieved — particularly for individuals with I/DD. These are clinical populations requiring specialized care.

Risk of Indefinite Confinement and Community Safety

Without a clear pathway — and resources to reassess those found not competent and not restorable — the system risks prolonged confinement or return to community without sufficient supports, creating safety risks.

Overly Broad Eligibility

Expansive definitions with unclear clinical thresholds risk placing individuals in highly restrictive settings unnecessarily.

No Independent Oversight

Reviews by the same entity responsible for care create a conflict of interest. No clear requirement for independent clinical review.

No Step-Down Pathway

Without meaningful investment in step-down options, individuals may remain in high-security settings simply because nowhere else exists.

Workforce Capacity Constraints

The intensity required to support this population exceeds current capacity. Without investment in wages and training, safe implementation is not achievable.

This Is a High-Acuity System Gap — Not a Single-Facility Problem

The Core Issue

Vermont's system currently lacks a viable continuum between:

- Short-term crisis stabilization (e.g., VCIN beds)
- Fully community-based placements

There is little infrastructure for individuals with I/DD and co-occurring conditions who require higher structure, present elevated safety risk, and need time-limited stabilization before community return.

A Functional System Would Include:

- Intermediate, secure, clinically driven stabilization options
- Orders of Non-Hospitalization backed by real service capacity and timely intervention
- Stronger upstream investment to prevent escalation to serious system involvement

S.193 focuses on a downstream solution — a single, highly restrictive placement — without building the broader continuum required to make that placement effective. Without upstream investment, this approach risks becoming a bottleneck rather than a bridge.

Alignment with Prior Legislative Direction: Act 137

What Act 137 of 2024 Directed

DAIL was directed to develop proposals for secure, community-based residences for individuals with intellectual disabilities requiring higher levels of care, emphasizing:

- Care in the least restrictive setting
- Focus on habilitation and treatment
- Models grounded in clinical expertise and community integration — even when security is required

Where S.193 Diverges

This work has not yet been fully realized.

S.193 moves in a fundamentally different direction — placing this population within a correctional framework without first delivering on the model the Legislature already endorsed.

Before creating a new institutional pathway, Vermont should fulfill the commitments of Act 137.

What We Would Need to See

Clinically Led, Not Correctional

Safety may be necessary, but design and operation must sit within a clinical framework with experienced providers.

Explicitly Transitional

Placement must be short-term stabilization focused, with movement to a less restrictive setting as the goal from day one.

Clear Carve-outs for Non-Restorable Conditions

Individuals with lifelong conditions must have defined alternative pathways and cannot be held indefinitely.

Independent Oversight

Regular evaluations by independent clinicians plus an ombudsman with full facility access.

Defined Limits on Length of Stay

Guardrails to prevent indefinite confinement, particularly for those unlikely to regain competency.

Real, Resourced Step-Down Pathway

Community-based placements with enhanced staffing and clinical supports to ensure safe transitions.

Workforce Investment

Higher wages, specialized training, and sustained support are essential to safely deliver this level of care.

AHS Leadership Embedded

Expertise from DAIL, DMH, and VDH must be embedded in both design and ongoing oversight.

VCP's Position

Vermont Care Partners is not opposed to building better infrastructure for high-acuity individuals. We support that goal.

- Vermont must first fulfill the commitments of Act 137 before creating new institutional pathways.
- Any model must be clinically led, not correctional — with independent oversight and defined limits.
- A true solution requires investment in the full continuum, not just a single downstream placement.
- Workforce, step-down pathways, and upstream prevention must be resourced alongside any secure option.