

**TO:** House Committee on Human Services  
House Committee on Judiciary

**FROM:** Laura Carter, Data Analyst, Division of Racial Justice Statistics, Office of Racial Equity

**DATE:** April 16, 2026

**RE:** Testimony of the Division of Racial Justice Statistics, Office of Racial Equity on fundamental concerns with S. 193: An act relating to establishing a forensic facility for certain criminal justice-involved persons

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The Division of Racial Justice Statistics (DRJS), within the Office of Racial Equity (ORE) submits this testimony to provide high level summary of testimony given in House Committee on Judiciary on April 15, 2026. The DRJS is mandated to focus solely on the criminal legal landscape in Vermont; we are deeply committed to advancing equity and racial equity in Vermont's carceral system and present our concerns to consider as discussions of S. 193 continue.

### **Overview of Concerns**

Mentally ill and developmentally disabled people are among the most vulnerable members of our society. There is a long and painful history of institutionally dehumanizing people in need of mental care and we have a duty to ensure we do not repeat these injustices. This bill pertains to a very small population, which magnifies the concerns for a potential lack of oversight and failure to address cumulative hardships linked to gender and race. The following points highlight areas that we believe need further scrutiny and more explicit evaluation or oversight.

#### **Do we want a system that focuses on Public Safety or Human Care?**

- Prisons and jails are not therapeutic settings and are known to deteriorate mental health issues or exacerbate existing conditions. The segregation of the forensic facility does not remove it from a prison setting and the relationship between the prison and forensic facility is not clearly outlined in the bill to be explicit about staffing, possible shared facilities, and other link points that could heighten demands on both sides of the facilities.<sup>12</sup>
- Recommend the Committee, despite the Department of Corrections not being in their jurisdiction, visit the correctional facility proposed for the expansion of this program --

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<sup>1</sup> [Mental health | Prison Policy Initiative](#)

<sup>2</sup> [The mental health of prisoners: a review of prevalence, adverse outcomes and interventions](#)

Southern State Correctional Facility in Springfield, VT to assess existing conditions and how the proposed facility will fit within the site.

**Current bill draft ([bill version 1.1](#)) has no exit ramp for those whose competency cannot be restored**

- The bill addresses two very different purposes and populations without delineating different processes for care. The primary purpose is to restore competency so that an individual can stand trial and be convicted of their crime. However, we know that there are some developmental disabilities, like dementia or TBIs, in which competency cannot be restored. This second group of individuals is not clearly addressed in the bill. This leads to a situation that Defender General Valerio referred to as “warehousing.” While time frames for competency review have been added since providing in person testimony on 4/15, we believe the same scenario of indefinite confinement is possible.

**WellPath and DOC Healthcare Concerns**

- Private contractor with vested interest in maintaining contract with DOC; currently 44-million-dollar contract that would have to be expanded to an “undetermined amount” according to Commissioner Murad’s testimony on 4/15.
- Testimony asserted that WellPath has been an effective partner and worked well with the state. The forensic facility, however, is a new service, most likely handled by an entirely different division of WellPath, with which the State has no prior experience and requiring new staffing (including a clinical services director). WellPath’s recent precedent, including bankruptcy, issues with its mental health care division, and hundreds of lawsuits against it, should give pause. At the very least, explicit provision for oversight and conditions for renewal of the contract should be considered.<sup>34</sup>
- Prisoners’ Rights Office (PRO) and Disabilities Rights of Vermont (DRVT) have a responsibility to investigate medical concerns within VT carceral setting and we know they have expressed concerns specifically discussing two deaths within the last month, Jose Louis Gonzalez and Jonathan Stone – both due to medical complications.
- Additionally, ORE sits on the Racial Disparities in the Criminal and Juvenile Justice Advisory Panel (RDAP) and heard public comment by impacted persons on 4/14 that a loved one of theirs is dying in jail due to lack of adequate medical care
- If the needs of the current DOC population are already so acute, adding this charge to their medical provider expands the gap, not closing it<sup>56</sup>

**DOC Capacity Concerns**

- 4/16 daily population report indicates that there are over 1600 people in DOC custody currently, with over 180 women housed at CRCF – overcrowding across the board at every

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<sup>3</sup> [Wellpath exits bankruptcy. HIG to pay millions in settlement for inadequate medical care in detention facilities](#)

<sup>4</sup> [Vermont corrections department reports 2 prisoner deaths | Vermont Public](#)

<sup>5</sup> [Wellpath sells behavioral health division for \\$395M - Becker’s Behavioral Health](#)

<sup>6</sup> [Wellpath faces dozens of lawsuits. What happens now that it's filing for bankruptcy? : NPR](#)

facility.<sup>7</sup>

- Resources being stretched thinner limits actual capacity to expand workload and opens the Department and the State up to creating disparities or exacerbating existing disparities, causing further harm to the population this “therapeutic program” is supposed to address
  - People of color nationally, especially black men, are sentenced more often and more harshly for violent crimes than their white counterparts and wanted to highlight that VT already has a racially inequitable system with ~19.6% of the in and out of state population identifying as people of color, versus less than 10% of the state population as of October of 2025.<sup>891011</sup>
  - DOC race and gender dashboard was removed from their website in late 2025/early 2026 which is why the stats in this testimony are not more recent.

Without addressing how the facility will be separate and guaranteeing minimum staffing level independent of the prison within which it is housed, concerns remain that this added function risks exacerbating capacity shortage.

### **AHS Siloed despite presenting as “One Agency”**

- Believe the Department for Disabilities Aging and Independent Living (DAIL) should have been leading these conversations and are concerned that they have only just been brought to the table now – DAIL led a working group in 2023 with a report that was issued in 2024 with recommendations on how to approach the creation of establishing a forensic facility that did not include the Department of Corrections<sup>12</sup>
- If we can consider expanding DOCs capacity to create a competency restoration program and house these individuals, then we could also consider expanding the capacity of DAIL and DMH whose mandates make them statutorily responsible for these populations. Just as Commissioner Murad pointed out that many states employ the model proposed here, many states also opted to house their forensic facilities outside Corrections and under the purview of Mental Health. While not having an explicit public safety charge, these departments are responsible for protecting these individuals from themselves or others which echoes language currently used in this bill<sup>131415</sup>
- Vermont has a deep history of institutionalization and other secured facilities have existed outside of the punitive space (see appendix).

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<sup>7</sup> [Daily Counts Dashboard | Department of Corrections](#)

<sup>8</sup> [Incarcerated Population Interactive Dashboard | Department of Corrections](#)

<sup>9</sup> [U.S. Census Bureau QuickFacts: Vermont](#)

<sup>10</sup> [Higher rates of arrest for Black adults with psychological disorders](#)

<sup>11</sup> [Prisoners in 2023 – Statistical Tables | Bureau of Justice Statistics](#)

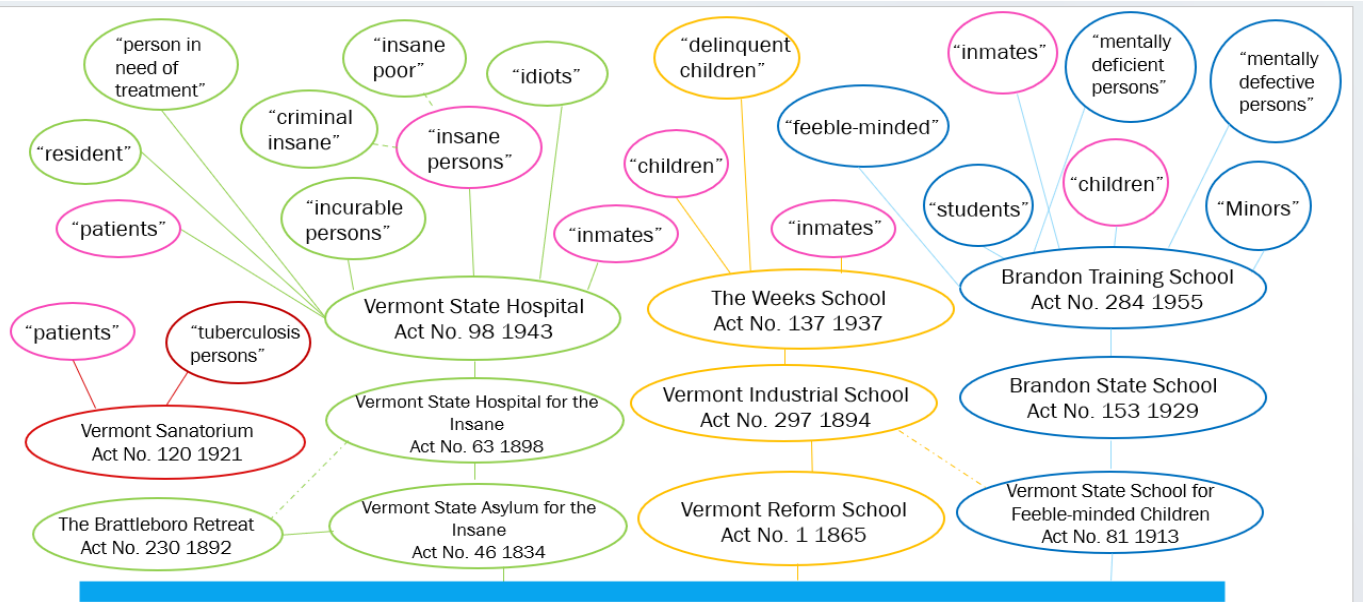
<sup>12</sup> [Act-27-2023-Working-Group-Final-Report-with-DAIL-Response-.pdf](#)

<sup>13</sup> [Vermont Laws](#) DMH

<sup>14</sup> [Vermont Laws](#) DMH and DAIL

<sup>15</sup> [Vermont Laws](#) DAIL

**Appendix 1:**



**Groups in the “Care and Custody” of the State**

This graphic is a map of historical (and some still existing) state institutions, minus those under the custody of the DOC. Those highlighted green were historically operated by what is now the Department of Mental Health, those highlighted in yellow were historically operated by what is now the Department for Children and Families, and those highlighted in blue were historically operated by what is now the Department of Disabilities, Aging and Independent Living. The terminology above each in their corresponding colors indicates terms in statute in which individuals institutionalized by these departments were referred. Some of these terms are still in our current Vermont statutes and the terminology outlined in pink indicate overlapping terms for individuals across these institutions.

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