



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

Good afternoon, 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 Ombudsman.

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 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.



There are currently 107 bills in the House Judiciary Committee for this 2025-2026 Legislative session. Several of those bills are being monitored by DRVT because they involve policies that will impact people with disabilities. Three bills relate to competency restoration, or proposed solutions when competency cannot be restored. (H.251, H.405, and H535), three bills relate to legal guardianship (H.26, H. 428, and H. 624), and two bills propose forensic facilities, one for adults, and one for juveniles (H.530 and H.721).

Other bills propose establishing State-funded Home and Community Based Services (HCBS) for justice involved individuals (H.456), protecting against discrimination for disabled parents in child welfare cases (H. 315), and expanding accountability in officer involved shootings of people experiencing a mental health crisis (H.613).

While you are considering each of these bills, along with the rest, DRVT asks that you think about the impacts each decision will have on our community members, those with mental health conditions or other disabilities and those without disabilities. How will these bills impact all of us over the long term? How would you hope to be treated or responded to in these various conditions?

For example, H530 and H.721, forensic facilities. Proposals for another addition to the most restrictive and isolative setting for individuals with disabilities to be forced into. Without considering less restrictive alternatives, the proposal itself is unlawful and violates the integration mandate of the ADA.

DRVT asserts there is not adequate justification for the establishment of another forensic facility in Vermont.

A "forensic facility", is intended to be a treatment facility for a specific population of criminal justice-involved individuals who meet the criteria for involuntary commitment. People with severe mental illness, amounting to criminal insanity or incapacity to stand trial, who present a significant risk of harm to self or others. Because they must also meet inpatient psychiatric criteria, they can already be committed to our existing facilities. So, what is the purpose of these proposals?

We saw some expansion already, with Act 137 (2024) that approved the use of restraint, seclusion and involuntary medication at our Secured Residential Treatment Facility at River Valley, presumably to treat the same "forensic" population who do not require an inpatient level of care, but something less than that. There have been long delays in renovating River Valley to build a seclusion room. It is unclear if the facility is being used as intended in Act 137, but again, it is an existing facility capable of meeting this asserted need. For individuals with intellectual or developmental disabilities (and often cooccurring mental health conditions) there is already Act 248 (18 VSA 8820 et



seq.) and the ability to place individuals in habilitation programs that will meet their needs.

So, we have laws in place that allow us to place individuals who are an imminent risk of harm to self or others in restrictive therapeutic settings, and we've broadened the population of people we can forcibly treat outside of the most restrictive settings, namely at River Valley, and yet we are facing new proposals to do even more. Why? The compelling and tragic testimony that has been offered in the past in support of these additional, restrictive placements suggest that the purpose is to hold individuals accountable for the State's failure to provide treatment and supports before the crimes occur. A purpose that is unconstitutional on its face.

The incomplete reporting on the gaps in our current system (adequate services, supports, discharge plans, housing), or incomplete attempts for opportunities to remedy these systemic failures to improve public safety and address the treatment needs for the targeted demographic call into question the hasty reaction to build more institutions. Especially when the one consistent fact testified to from both sides of the table has been that the need is really for only a couple of people, such a small number...

The creation of a new facility to treat individuals who have been determined not to be criminally liable for the conduct for which they were accused, further supports that these facilities are a substitute for punishment, not only for crimes without convictions, but for untreated disabilities. DRVT is concerned about the resource commitment to any such forensic facility, and Vermont's perpetual costly investment in facilities in general. There is ample evidence that funding would be better used in improving existing facilities, patient services, and therapeutic enrichment in community-based placements and support services. The State should be investing in preventative measures and proactive solutions, not building new warehouses when things continue to fail. If you ask any stakeholder in this group what their Utopia would be related to these types of harms, it would undoubtedly be that the harm never occurred, not that we were prepared with a building to warehouse the individuals physically responsible, but legally unaccountable. Failing to address the root causes of harm will only exacerbate the harms that are committed and deplete the resources necessary to try to respond to the various injuries that result.

Additionally, DRVT asserts that the placement of individuals in this target population within correctional facilities continues to be inappropriate, and that considerations have to be made for the therapeutic milieu of inpatient psychiatric units, but DRVT maintains that there is ample capacity in our existing facilities to accommodate all of these needs and challenges, IF and WHEN, the State, primarily DMH starts investing in community based services that allow for people in these restrictive settings to be discharged. There is a clot in the system of care surrounding



Disability Rights Vermont

these facilities that needs to be dislodged by expanding community capacity. Until that happens, no new restrictive facility is justifiable.

H.613 is a refreshing addition to the wall of the Statehouse, expanding the definition of victims to include those injured or killed by the actions of law enforcement, and shows promise that legislators are starting to see ALL of the players involved in the incidents that have such a lasting impact that they spur policy conversations. One comment would be that it is not only firearms (pg. 3 line 15 "firearm") that result in serious bodily injury or death of individuals experiencing a mental health crisis at the hands of law enforcement, tasers for example have been an ongoing concern and deadly weapon in Vermont as it relates to people with disabilities, so this language may be too narrow currently.

Finally, regarding the need for protections against discrimination for parents with disabilities, H.315, DRVT firmly believes Vermont is long overdue and is grateful for the introduction of this Bill. The right to parent is a fundamental liberty interest of all people, including people with disabilities, under the U.S. Constitution. Decisions to terminate parental rights based on the presumption that a parent is unfit because they are differently abled or have a psychiatric disability is a violation of constitutional due process and the Americans with Disabilities Act (ADA).

At every stage of the child welfare process and engagement with DCF, there is an unequal representation of parents with disabilities. Regardless of the ADA's ban on disability-based discrimination, there is a higher likelihood that a parent with disabilities will be reported to DCF, that their cases will be substantiated, their children will be removed from their custody, and even that their parental rights will be terminated. For parents with mental illness, evidence shows that "parents with psychiatric disabilities were eight times more likely to have contact" with the child welfare system, than are parents without disabilities¹. Yet, "Study findings do not indicate that parents with serious mental illness have higher rates of child maltreatment than the general population of parents."²

Case workers and Judges with the best intentions to protect children and preserve families can be biased in their beliefs that disability is a per se barrier to

¹ Robyn Powell, *Achieving Justice for Disabled Parents and their Children: An Abolitionist Approach*, 33 Yale J L & Feminism 37, 62 [2022] (citing Katy Kaplan et al., *Child Protective Service Disparities and Serious Mental Illness: Results from a National Survey*, 70 Psychiatric Services 202, 204 {2019})

² Liz Lightfoot, Mingyang Zheng, and Sharyn DeZelar, *Are Reports of Child Abuse among U.S. Parents with Disabilities More Likely to be Substantiated?* [Apr. 2021]



parenting³. The result of these prejudicial beliefs and implicit biases is a removal rate, in family regulation systems, as high as 70-80% for parents with psychiatric disabilities⁴. However, when parents with mental health disabilities are provided proper support from the outset of child welfare intervention, they have better outcomes, because they "simply need access to services and support that can help them parent effectively⁵." This access to services and support is NOT a luxury, it is a legal entitlement, and Vermont really needs to start complying with the law, AND enforcing it when compliance is absent.

Again, you have 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

³ Liz Lightfoot, Mingyang Zheng, and Sharyn DeZelar, *Are Reports of Child Abuse among U.S. Parents with Disabilities More Likely to be Substantiated?* [Apr. 2021] see also Sarah H. Lorr, *Unaccommodated: How the ADA Fails Parents*, 110 Calif L Rev 1315 [2002].

⁴ See, e.g., *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children*, National Council on Disability, 95-96, 97 (2012).

⁵ Robyn M. Powell, et al., *Responding to the Legal Needs of Parents with Psychiatric Disabilities: Insights from Parent Interviews*, 38 LAW & INEQ. (2020).