



Senate Committee on Health and Welfare
Disability Rights Vermont Memorandum on H.657
Lindsey St.Amour, Executive Director

April 30, 2026

Dear Committee Chair and Members,

H.657 seeks to fill in some crippling gaps in our community systems and protect some of our most vulnerable residents from unnecessary harms that have long-lasting impacts on young people: Disability Rights Vermont fully supports this endeavor and appreciates our inclusion in the work that will follow.

As you may know, 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 recently was made aware of the Department of Mental Health's position as to some protective aspects of this bill that DRVT feels compelled to respond to in our role as both the P&A and the MHCO.

First, DRVT wants to acknowledge the various benefits this bill would deliver to better serve Vermonters: section 1, which removes asset limits related to access to necessary benefits; section 3, which protects a child's SSI benefits and creates a mechanism for the handling of those funds to provide for the child's future; section 4, which provides a certification process for unaccompanied youths, a pathway to independence with support, and the authority to act on their own behalf. The bill also provides protections for health care professionals to be able to treat certified unaccompanied youths without the necessary consent of a parent or guardian. DRVT also supports the safeguards for runaway youths from unlawful sheltering by predatory adults, and sections 5-8 which provide for unaccompanied youth certification and fees and access to other essential documents and credentials. Sections 15 & 16 which provide for extended support for children over age 17 coming out of foster care, and a Prenatal Engagement and Family Support Working Group, respectively, are also critical to building support and stability for young Vermonters.

Regarding Sections 9-14, we also believe that these provide powerful and necessary protection for youths in custody and treatment, against abuse and harm caused by the overuse of restraints and seclusion.

Again, this bill has the potential to bring enormous relief and protection to young Vermonters who really need it. The Department of Mental Health's concerns about this bill in terms of the interference it might have on maintaining or securing out of state placements and transportation for our youth in crisis should be unpersuasive, to put it mildly. Less mildly, DMH's concerns should be shocking to the conscience. Vermont's Agency of Human Services, through collaboration of its various departments, including DMH, should be working diligently to bring our children home, not be worrying about how to continue to ship our children out of state when we can't meet their needs here. DRVT's advocacy over the last several decades has been to improve our mental health system, to be proactive in our care and to start as early as possible. The restrictions in this bill support exactly that it creates the potential to hold these placements and our healthcare system to a better, higher standard than what we do now. DRVT fully supports adequately vetting potential placements, prohibiting Vermont children from experiencing harmful, invasive and involuntary procedures that do not meet Vermont's standards of care and this Committee should not be swayed to loosen these protections out of a concern that we might not be able to keep contracts with places that are causing harm, even if that might mean a longer stay at a more restrictive level. Yes, while Olmstead, and the integration mandate to ensure people are served in the least restrictive setting appropriate to their needs, is a top priority for the work that DRVT does day to day, equally important to DRVT is preventing abuse and neglect of Vermont's children and adults with disabilities. Arguably though, a placement that has been known to cause harm or has the potential to cause harm is not an appropriate placement at all, and therefore there is no Olmstead violation if there isn't an appropriate, less restrictive, placement for the minor to transition into.

Next, DMH suggests that unaccompanied minors should only be able to accept outpatient mental health services, not inpatient services. However, the law already allows for any person age 14 or older to seek admission to an inpatient facility, voluntarily. See 18 V.S.A. 7503(a). Although, DRVT generally encourages services in the least restrictive setting, with the most restrictive settings typically being an inpatient hospital or correctional institution, DRVT is also client driven and respects all individuals' choices to receive the care that a person desires and determines that they would benefit from. DRVT sees no reason to go backward, nor to narrow the treatment options available to this vulnerable segment of our population whose voices you are trying to support and amplify in this bill. Additionally, DRVT asserts that it would be confusing and potentially discriminatory to explicitly deny *inpatient* mental health



services to minors solely because they are also experiencing homelessness and lack of family support.

Thank you for your consideration of this memorandum. If you need anything else from Disability Rights Vermont, please contact me.

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