

MEMORANDUM

TO: SENATE COMMITTEE ON HEALTH & WELFARE

FROM: Samantha Sweet, Deputy Commissioner, Department of Mental Health

DATE: April 23, 2026

RE: H.657 - An act enabling unaccompanied homeless youth to obtain certain services without parental consent

Dear Senator Lyons and Member of the Senate Committee on Health and Welfare,

The Department of Mental Health (DMH) works with youth in Vermont when they are in mental health crisis or have acute, long-term treatment needs and refers these youth to clinically appropriate treatment and services according to medical necessity. DMH continues to have concerns with H.657 as currently written, previously shared in a memo submitted by DCF, in the following areas:

Transportation, Restraints, and Seclusion:

DCF holds contracts for almost all residential treatment programs utilized by all of AHS. The impact of H.657 is not limited to DCF placements but also includes placements by other Departments within AHS. Therefore, as currently written, H.657 could potentially reduce the availability of youth mental health services – particularly for out-of-state residential programs.

While DMH supports and shares the goal of ensuring strong protections for youth, we have serious concerns that the bill's restrictions may severely limit DMH's ability to maintain existing contracts or develop new agreements with transportation and residential service providers, which would likely result in reduced availability of these services. In calendar year 2025, 70% of youth in residential treatment funded by DMH were placed out of state. When appropriate step-down placement is unavailable for youth, they may remain in an inpatient setting for longer than otherwise clinically indicated.

While restraint should only be used when absolutely necessary, inability to provide appropriate restraint in a manner individualized to the specific youth and their needs may result in either unnecessary law enforcement involvement or, potentially, placement in a more restrictive level of care than otherwise clinically indicated.



DMH recommends removing or amending the prohibition of contracting with residential programs based solely on the manner of restraint, to reflect this nuance and ensure that clinically appropriate treatment options for Vermont youth remain available.

Consent to Mental Health Services – Unaccompanied Minors:

For acute treatment of mental health conditions, family or guardian involvement is vital for success of youth with complex or acute mental health concerns who are accessing higher levels of care and is a required element for determining eligibility for residential treatment through DMH, on-going utilization review, and discharge planning. While these youth should be able to access outpatient mental health and outpatient psychiatric services independently, best practices for higher levels of care include family or guardian involvement.

DMH recommends adding the word “outpatient” to Section 2(C) on page 8 that references youth seeking treatment without parental approval. The language would then read:

(C) consent to care by health care professionals licensed or certified
13 in Vermont, including medical care; dental care; **outpatient** mental health care services,
14 including psychological counseling and treatment, psychiatric treatment, and
15 substance use prevention and treatment services; and surgical diagnosis and
16 treatments, including medical diagnosis and treatment, such as preventive care
17 and care provided in a health care facility, as defined in 18 V.S.A. § 9432.

DMH appreciates the Committee’s focus on supporting Vermont youth and your consideration of these concerns. We would welcome the opportunity to provide testimony and work together as H.657 moves forward.

