Report to
The Vermont Legislature

Report on
Public Inebriate Task Force

In Accordance with Act 40 of 2011, Section 22a
An act relating to Capital Construction and State Bonding

Submitted to: Senate Committee on Institutions
House Committee on Corrections and Institutions

Submitted by: Harry Chen, MD
Commissioner of Health

Prepared by: Barbara Cimaglio
Deputy Commissioner

Report Date: January 10, 2012
Introduction

In accordance with Act 65, the Public Inebriate Study Committee of 2007 was directed to review questions regarding the continuing relevance and applicability of the existing public inebriate statutes, as well as concerns about the funding, program policies, and availability of services to individuals classified as “public inebriates.” The identified goals for the committee were to:

(1) Evaluate the current policy and practice on public inebriates and make recommendations for improvements.

(2) Recommend changes in the statute, program protocols, and resources used to address public inebriate issues.

In 2008 the Public Inebriate Task Force was established in accordance with Act 179. Section 17. The legislative direction for the task force was to report to the Senate and House committees on Judiciary, Corrections and Institutions, and Appropriations no later than January 1, 2010 with a plan to “ensure that public inebriates are given appropriate care rather than incarcerated. The plan shall ensure the regional availability of supportive voluntary and secure accommodations for public inebriates by January 1, 2011, and shall include a timetable for providing reimbursement of expenses to programs that house and maintain public inebriates.” Both of these reports were submitted as directed.

This document, required by Act 40 of 2011, outlines continued progress on the overall implementation of recommendations established by the task force in 2010. Discussed in the document will be the expansion of training to community providers and the expansion of regional alternatives for incapacitated Vermonters. This document also summarizes the results of two statewide meetings held during the past calendar year, one in December 2010 with providers of the screening services; and, in October 2011, a re-convening of the existing public inebriate task force members. Consistent with the prior task force document from 2010, four separate domains of concern were identified and were addressed during the prior year.
Domain I: Cohesive, standardized care policies

The Vermont Department of Health, Division of Alcohol and Drug Abuse programs (ADAP) assigned a staff member to be the primary liaison to the public inebriate programs and screeners. A statewide meeting of emergency/addiction screeners was convened on December 10, 2010 to assist in the standardization process of screening for inebriation for Vermonter throughout the state. Discussed during this meeting were issues related to standardization of the screening process and critical questions to ensure continuity of this assessment process. Additionally, algorithms were discussed to ensure appropriate placement depending upon clinical presentation.

Domain II: Appropriate triage for services across the state

Also reviewed at the December 10, 2010 meeting was the universal screening tool developed by the 2010 public inebriate task force members. This five question screening, designed to differentiate levels of impairment, was reviewed along with other relevant clinical markers to ensure the continuity of screenings (see Attachment A for Universal Screening Tool). It was noted that Addison County continues to lack ADAP screening capacity. However, that ADAP-funded diversion bed program, located in Rutland, has offered to and regularly does conduct screenings for Addison County residents prior to their lodging at Marble Valley Correctional Center. Those individuals meeting criteria for diversion to the shelter beds are then admitted to that program, operated through Recovery House, Inc. Additional training on conducting screenings has also been offered to providers and at least one new screening coordinator received training from ADAP staff.
Domain III: Regionally appropriate placement options

During the past calendar year there has been regional expansion of public inebriate programming in the state of Vermont. In addition to the pre-existing programs in Chittenden County, St. Albans, Rutland, and Bennington County, a new program was developed in Lamoille County as well. This four bed diversion program, administered by Lamoille Community Connections, opened in May 2011 and is presently reporting successfully diverting 76% of their referrals to the diversion bed program. The plan for this program includes regional expansion, such that eligible individuals residing in the Northeast Kingdom will have the ability to access these diversion beds. The capacity to divert inebriates from Northeast Regional Correctional Center in St. Johnsbury was a requirement for this project.

Additionally, Washington County is in the final phases of environmental modification of space in Berlin, VT to open a two bed diversion program. This program will be implemented primarily by Washington County Mental Health, in conjunction with Central Vermont Substance Abuse Services, and conversations have already occurred between the Washington County Mental Health program staff and the Clara Martin Center to offer regional diversion services to parts of Orange County as well. Finally, Healthcare and Rehabilitation Services of Southeast Vermont (HCRS) is in the process of developing a single diversion bed in Windsor County.

Domain IV: Inebriate Statutes

As noted earlier, members of the Public Inebriate Task Force re-convened on October 13, 2011 to review goal progression during the most recent calendar year in addition to offering continuing recommendations for the expansion of public inebriate services to Vermonters. The task force members continued to recommend that individuals experiencing aggressive, uncooperative and/or unpredictable behaviors should continue to be lodged within a secure facility at this time as other appropriate resources do not exist. The task force also acknowledged that despite regional expansion of the shelter beds during the past calendar year, there were still Vermonters placed in secured facilities due to a lack of diversion options. Otherwise, these individuals would have been appropriate placements had sufficient community resources have existed.
Discussion

The task force discussed many potential options for utilization of the “bricks and mortar” money made available through The Capital Fund. Discussion centered around opportunities to expand inebriate services to those individuals most likely to be lodged in a secured setting, i.e. those demonstrating aggressive and/or unpredictable behaviors. Options discussed that may require more conversation included: co-location of a public inebriate program with either a local police department or correctional facility or inclusion of inebriate beds in a place like the Pine Ridge School campus which may house multiple human service type programs on one campus.

Recommendations and Outcomes:

1. The task force was supportive of the expansion of public inebriate beds during 2010-2011 and the goal for two of the newly established programs to serve in a regional capacity.

2. Based upon available ADAP and Department of Corrections (DOC) data, the task force recommends that Chittenden County be viewed as the priority for increasing diversion bed capacity. Most recent data to support this shows that Chittenden Regional Correctional Center accounts for roughly 75% of all secured lodgings for public inebriates despite the presence of the ACT 1 diversion bed program.

3. The task force recommends requesting the legislative language prohibiting placement in secured DOC facilities be removed until such time as adequate community alternatives exist to ensure the safe diversion and placement of incapacitated, inebriated Vermonters.
Attachment A:

Public Inebriate Screening Questions

Universal Screening questions:

1. Is the patient conscious? Arousable?

2. Sensorium/Orientation: Person, place, time

3. What medications are you prescribed? What medications have you taken in the last day, prescribed or not?

4. Have you ever had a seizure?

5. Is there evidence of trauma? (Physical injury)