

1 H.611

2 Introduced by Representatives McDonald of Berlin, Ancel of Calais, Donahue  
3 of Northfield, Grad of Moretown, Greshin of Warren, Hooper  
4 of Montpelier, Kitzmiller of Montpelier, Klein of East  
5 Montpelier, Koch of Barre Town, McFaun of Barre Town,  
6 Minter of Waterbury, Poirier of Barre City, Stevens of  
7 Waterbury and Taylor of Barre City

8 Referred to Committee on

9 Date:

10 Subject: Health; human services; office of alcohol and drug abuse programs;  
11 public inebriate program

12 Statement of purpose: This bill proposes to repeal provisions prohibiting the  
13 lodging of public inebriates in correctional facilities and would create a public  
14 inebriate program for the purpose of housing in a noncorrectional environment  
15 intoxicated individuals who have been deemed at risk of harming themselves  
16 or others.

17 An act relating to establishing a public inebriate program

18 It is hereby enacted by the General Assembly of the State of Vermont:

1       Sec. 1. FINDINGS; PURPOSE

2           (a) The general assembly finds that:

3               (1) Vermont's Alcohol Services Act of 1978 decriminalized public  
4               intoxication and established a program to move public inebriates into treatment  
5               rather than being charged and jailed.

6               (2) The Alcohol Services Act was not sufficiently funded, resulting in  
7               insufficient treatment or shelter beds being established throughout the state,  
8               under this decriminalized process, for persons deemed incapacitated.

9               (3) A lack of diversion beds makes the correctional system a de facto  
10              system of care, where public inebriates are placed in protective custody for up  
11              to 24 hours.

12              (4) In 2001, the Vermont statute was changed to add drugs other than  
13              alcohol as incapacitating substances, thus adding to the numbers of public  
14              inebriates.

15              (5) A significant number of people placed in protective custody do not  
16              meet the statutory definition of "incapacitation."

17              (6) In 1977, 550 people were jailed after being charged with public  
18              intoxication; in 2006, 2,322 people were held under protective custody in state  
19              correctional facilities due to public inebriation.



1           (d) A person ~~judged by a law enforcement officer~~ screened pursuant to  
2 subsection 709(b) of this title who is found to be incapacitated, who the  
3 screener or police officer has judged to be at risk of harming himself or herself  
4 or others, and who has not been charged with a crime, may be lodged in  
5 protective custody in a lockup or community correctional center for up to 24  
6 hours or until judged by the person in charge of the facility to be no longer  
7 incapacitated, if and only if:

8           (1) The person refuses to be transported to an appropriate facility for  
9 treatment, or if once there, refuses treatment or leaves the facility before he or  
10 she is considered by the responsible staff of that facility to be no longer  
11 incapacitated; ~~or~~

12           (2) No approved substance abuse treatment program with detoxification  
13 capabilities and no staff physician or other medical professional at a licensed  
14 general hospital miles can be found who will accept the person for treatment;  
15 or

16           (3) No other appropriate supervised bed is available within a 30-mile  
17 radius of the place where screening has found the person to be incapacitated.

18           (e) No person shall be lodged in a lockup or community correctional center  
19 under subsection (d) of this section without first being evaluated by a  
20 substance abuse crisis team, a designated substance abuse counselor, a clinical  
21 staff person of an approved substance abuse treatment program with

1 detoxification capabilities, or a professional medical staff person at a licensed  
2 general hospital emergency room and found to be indeed incapacitated.

3 \* \* \*

4 Sec. 4. 33 V.S.A. § 709 is added to read:

5 § 709. PUBLIC INEBRIATE PROGRAM

6 (a) The office of alcohol and drug abuse programs shall develop supervised  
7 two-bed units for location of incapacitated persons taken into custody pursuant  
8 to section 708 of this title. Units shall be developed as funding is available and  
9 placed in counties in which no bed space for incapacitated person exists.

10 Priority shall be based on population density and on demonstrated  
11 collaboration between stakeholders.

12 (b) The office shall develop a uniform screening tool to be used for medical  
13 clearance of incapacitated persons. Prior to use, the tool shall be approved by  
14 the Vermont emergency medical directors committee. The office shall gather  
15 data resulting from use of the screening tool.

16 (c) The office shall establish a program to train law enforcement officers,  
17 corrections personnel, emergency management personnel, first responders, and  
18 public inebriate screeners in use of a statewide screening tool and uniform  
19 screening procedures, and available options for treatment services.

20 (d) Annually in January, the office shall report to the governor and general  
21 assembly regarding the effectiveness of the public inebriate program in

1 diverting public inebriates from the state corrections facilities, with a plan for  
2 establishing beds pursuant to subsection (a) of this section.

3 Sec. 5. 33 V.S.A. § 710 is added to read:

4 § 710. LOCAL INTERAGENCY TEAMS

5 (a) If an individual is taken into custody pursuant to section 708 of this title  
6 five or more times during one calendar year and is given a substance abuse  
7 diagnosis as a result of the screening process pursuant to section 709 of this  
8 title, the individual shall be referred to a local interagency team for further  
9 assistance.

10 (b) There shall be at least one local interagency team for each  
11 administrative district established by the agency of human services, whose  
12 membership shall include the service coordinator for that district, who shall  
13 lead the group, as well as:

14 (1) one representative from a local or regional substance abuse treatment  
15 provider;

16 (2) one representative of local or regional law enforcement;

17 (3) one representative from the public inebriate program established in  
18 section 709 of this title;

19 (4) one representative from the department of corrections;

20 (5) one representative from the department of mental health; and

1           (6) representatives of other interested provider, law enforcement, and  
2           mental health organizations.

3           Sec. 6. REPEAL

4           Secs. 11, 12, and 22(a) of No. 179 of the Acts of the 2007 Adj. Sess. (2008),  
5           relating to prohibition of lodging an incapacitated person in a state correctional  
6           facility and which are due to take effect on July 1, 2011, are repealed.

7           Therefore, 33 V.S.A. § 708 shall not be changed as directed in Sec. 11 of that  
8           act, and 33 V.S.A. § 708a shall not be created as directed in Sec. 12 of that act.

9           Sec. 7. FUNDING

10           The office of alcohol and drug abuse programs in the department of health  
11           shall develop a schedule for the creation, as funding becomes available, of  
12           two-bed units in counties without beds. The amounts to be expended in each  
13           of the applicable counties shall be as follows:

14           (1) Two to four beds in Washington County, Orange County, or a  
15           combination thereof, with an annual appropriation of \$180,000.00 per county  
16           for separate two-bed facilities or \$300,000.00 for a combined four-bed unit;

17           (2) Two beds in Lamoille County with an annual appropriation of  
18           \$180,000.00;

19           (3) Two beds in Orleans County with an annual appropriation of  
20           \$180,000.00;

1           (4) Two beds in Caledonia County with an annual appropriation of  
2           \$180,000.00;

3           (5) Two beds in Windham County with an annual appropriation of  
4           \$180,000.00;

5           (6) Two beds in Windsor County with an annual appropriation of  
6           \$180,000.00;

7           (7) Two beds in Bennington County with an annual appropriation of  
8           \$180,000.00; and

9           (8) Two beds in Addison County with an annual appropriation of  
10          \$180,000.00.