

Services and Programming for Persons who are Incapacitated

Act 22, Sec. 6

Department of Health (VDH), Department of Mental Health (DMH), &
Department of Corrections (DOC)

VDH and DMH Efforts

The following summarizes **VDH and DMH efforts** pursuant to subsection (a) of Act 22, Sec. 6.

Expand services and programming
for persons who are **incapacitated**

- **Improved PIP Screening Process:** Implement a centralized virtual screening tool for the Public Inebriate Program (PIP) to improve the care of individuals and reduce burden on emergency departments and law enforcement.
- **Integrated Crisis Beds:** Merge the Public Inebriate Program (PIP) and Mental Health Crisis Stabilization bed programs to better meet the needs of individuals with mental health and/or substance use conditions and efficiently utilize the healthcare workforce.
- **Coordinated Transportation:** Coordinate consistent and reliable statewide transportation for individuals exiting an Integrated Crisis Bed, PIP, or DOC facility.

Public Inebriate Program (PIP) Process Map



Law Enforcement Interaction
A person who appears impaired by substances interacts with a law enforcement officer.



24/7 Virtual PIP Assessment
The person is screened virtually by Recovery House staff using a standard screening form.



Appropriate Support Option
The person is:

- Released to a family member or friend, or
- Brought to an integrated crisis or PIP facility, or
- Brought to a DOC facility.



Discharge From Facility
The person is discharged from the facility when the following occurs:

- They are determined to be no longer incapacitated, or
- The 24-hour temporary protective custody period has ended.

No Virtual PIP Screening Needed



The person is discharged on their own or to a family member or friend if they are deemed by the officer not to be incapacitated.



Medical or Mental Health Emergency

At any time if the person needs immediate medical or mental health care, emergency services are contacted.

PIP Goal:

To provide appropriate care and safety to people who, as a result of their use of alcohol or other drugs, are in a state of intoxication or of mental confusion resulting from withdrawal as specified by **18.V.S.A. S 4802**.

Enhancements to PIP

	Upcoming Enhancements	Impact
Improved PIP Screening Process 	Implement a centralized virtual 24/7 screening process for individuals.	<ul style="list-style-type: none"> Increased efficiency in screening processes. Improved previously cumbersome process, <i>especially in areas without a PIP facility such as Chittenden County.</i>
Integrated Crisis Beds 	Combine the PIP and Mental Health Crisis Stabilization bed programs into one integrated program within Designated Agencies to increase available options for individuals who are incapacitated. <i>Note: Recovery House will continue to operate as a PIP facility.</i>	<ul style="list-style-type: none"> Increased available bed options for individuals in all Designated Agency locations <i>including Chittenden County.</i> Increased placement. Low barrier transition to continued mental health crisis stabilization services; <i>as medically necessary.</i>
Coordinated Transportation System 	Coordinate consistent and reliable statewide transportation for individuals exiting an Integrated Crisis Bed, PIP, or DOC facility.	<ul style="list-style-type: none"> Reduced transportation time for law enforcement. Increased reliability to provide transportation services to individuals.

Enhancements to the PIP: Proposed Timeline

PIP Centralized Virtual Screening Implementation Timelines Subject to Change

PIP Centralized Virtual Screening

Statewide Implementation | On or Before 7/1/2026

Pilot Counties:

- Chittenden County
- Lamoille County
- Franklin County
- Grand Isle County

Phase 2 Counties:

- Orleans County
- Caledonia County*
- Washington County*
- Bennington County*
- Windsor County
- Windham County
- Orange County
- Addison County
- Rutland County*

**These counties already have a PIP provider that screens individuals and places them in PIP beds*

Integrated Crisis Beds and Transportation



Phase 1 Implementation | On 1/1/2026

- Orleans, Caledonia, and Essex Counties (Newport and St. Johnsbury)
- Bennington County (Bennington)

Phase 2 Implementation | On or Before 7/1/2026

- Chittenden County (Burlington)
- Washington County (Berlin)
- Franklin/Grand Isle Counties (St. Albans)
- Lamoille County (Morrisville)
- Windsor County (Springfield)
- Windham County (Brattleboro)
- Orange County (Randolph)
- Addison County (Middlebury)
- Rutland County (Rutland)

PIP Centralized Virtual Screening

Expanding services/programming for persons who are incapacitated

PIP Centralized Virtual Screening Tool: Summary

<p>Goal</p>	<p>Implement a centralized virtual screening tool for the Public Inebriate Program (PIP) to improve the care of individuals and reduce burden on emergency departments and law enforcement</p>	
<p>Summary</p>	<p>The tool supports 24/7 virtual screening of an individual who appears to be impaired by substance use. This service enables law enforcement to more quickly connect an individual to the care they need, reducing both travel time and unnecessary trips to emergency departments or Department of Corrections facilities</p>	<div style="text-align: center;"> <p>Initiative Governance</p>  </div> <div style="text-align: center; margin-top: 10px;"> <p>Department of Health</p> </div> <div style="text-align: center; margin-top: 10px;"> <p>Community Partners</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">Designated Agencies</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">Recovery House</div> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>Consulting Partners</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">DOC</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">Vermont State Police</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">County Sheriff Depts.</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">Local Law Enforcement</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f2f1;">DMH</div> </div> </div>
<p>Where</p>	<p>Statewide, beginning with a pilot rollout in counties currently without PIP beds, including Chittenden, Lamoille, Franklin, and Grand Isle Counties</p>	
<p>Population served</p>	<p>Individuals under the influence of substances</p>	

Recovery House Administers the Virtual PIP Screening Tool

Background on Recovery House

“We are a professional alcohol, drug, and family rehabilitation program dedicated to providing effective treatment with practical goals and a reasonable cost for services for nearly 50 years. We will turn no one away who we feel would benefit from treatment, including those currently supervised by federal or state corrections programs. We also offer our services to pregnant women and to those using intravenously. It is the policy of the Board of Recovery House, Inc. to provide a comprehensive, co-educational residential substance use treatment program to all adults who may be in need of such services. We are Vermonters helping Vermonters.”

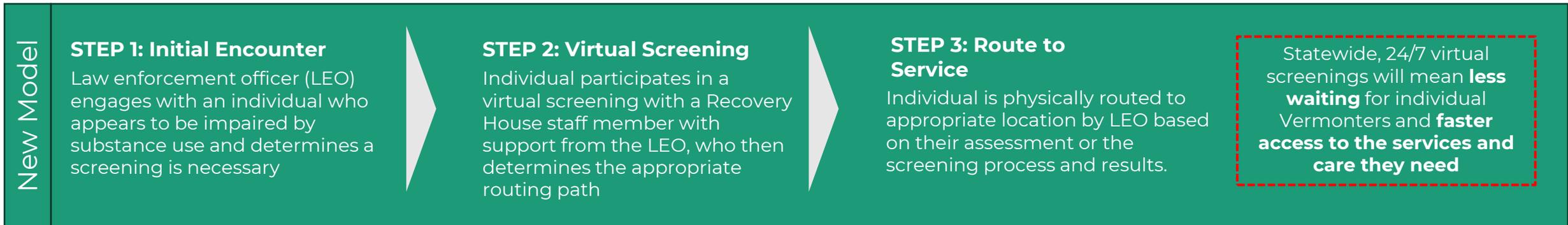
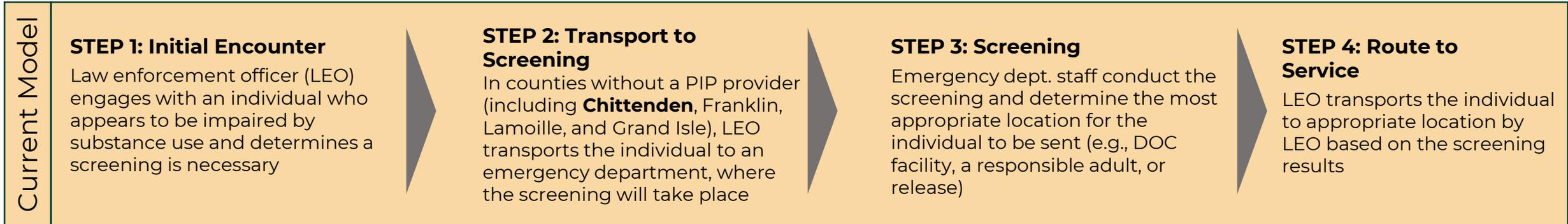
Recovery House Facilities

- **Serenity House**
- **Grace House**
- **McGee House**
- **Public Inebriate Program (Rutland & Addison)**

Why Recovery House?

Why Recovery House?		
		
<i>Runs a successful PIP in the State of Vermont</i>	<i>24/7 in-person staffing model & existing statewide relationships</i>	<i>Ability to scale up quickly and serve statewide needs</i>

The PIP Journey: Impact of Centralized Virtual Screening



PIP Centralized Virtual Screening Tool: Implementation

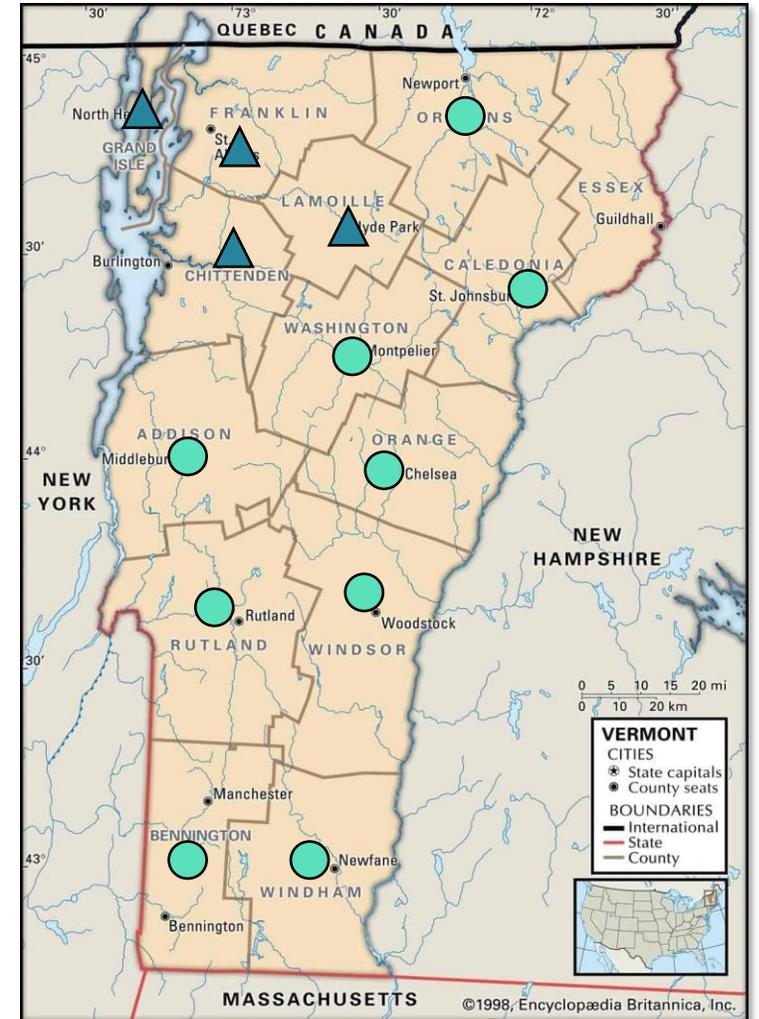
PIP Centralized Virtual Screening Implementation Timelines Subject to Change

Statewide Rollout: On or before 7/1/2026

▲ Pilot rollout in

- Chittenden County
- Lamoille County
- Franklin County
- Grand Isle County

● Statewide rollout, covering PIP facilities located in all counties



Integrated Crisis Beds

Expanding services/programming for persons who are incapacitated

Integrated Crisis Beds: Summary

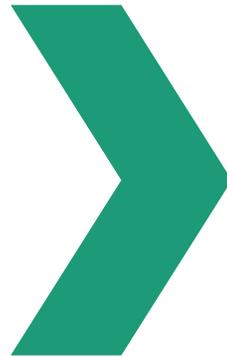
<p>Goal</p>	<p>Merge the Public Inebriate Program (PIP) and Mental Health Crisis Stabilization bed programs to improve access to services and utilization of healthcare workforce.</p>	
<p>Summary</p>	<p>Combine the PIP and Mental Health Crisis Stabilization bed programs into one coordinated program within the Designated Agencies and applicable partners to meet the needs of individuals in communities and efficiently utilize the healthcare workforce, ensuring availability and access to services.</p>	<div data-bbox="1600 508 2346 1219" data-label="Diagram"> <p style="text-align: center;">Initiative Governance</p> <pre> graph TD IG[Initiative Governance] --> DH[Department of Health] IG --> DMH[Department of Mental Health] IG --> CP[Community Partners] CP --> DA[Designated Agencies] CP --> RH[Recovery House] CP --> MCRS[Mobile Crisis (HCRS)] IG --> CUP[Consulting Partners] CUP --> DOC[DOC] CUP --> AOT[AOT] CUP --> PS[Public Safety] CUP --> LE[Law Enforcement] </pre> </div>
<p>Where</p>	<p>Statewide, beginning with Caledonia and Bennington Counties</p>	
<p>Population served</p>	<ul style="list-style-type: none"> • Individuals meeting PIP screening criteria under the influence of substances • Individuals experiencing mental health crisis 	

Integrated Crisis Beds: Impact on Access to Services for PIP

Vermonters with mental health and/or substance use conditions will be able to access 37 integrated beds, allowing Designated Agencies to provide streamlined services for those in need.

County	Facility	Number of PIP Beds
Bennington County	United Counseling Services (UCS)	1
Caledonia, Essex and Orleans County	Northeast Kingdom Human Services (NKHS)	1
Washington County	Washington County Mental Health Services (WCMHS)	1
Rutland County	Recovery House	5

8 --> 37
Increase in access to integrated beds



County	Facility	Number of Integrated Beds as of 7/1/26*
Addison County	Counseling Services of Addison County (CSAC)	1
Bennington County	United Counseling Services (UCS)	3
Caledonia, Essex and Orleans County	Northeast Kingdom Human Services (NKHS)	6
Chittenden County	Howard Center	6
Franklin/Grand Isle County	Northwestern Counseling and Support Services (NCSS)	2
Lamoille County	Lamoille County Mental Health (LCMH)	2
Washington County	Washington County Mental Health Services (WCMHS)	5
Windsor and Windham Counties	Healthcare and Rehabilitation Services (HCRS)	6
Orange County	Clara Martin Center	2
Rutland County	-Recovery House -Rutland Mental Health Services (RMHS)	5 – PIP Beds only 4 – Integrated Beds

*Beds can be used for both mental health crisis and the Public Inebriate Program

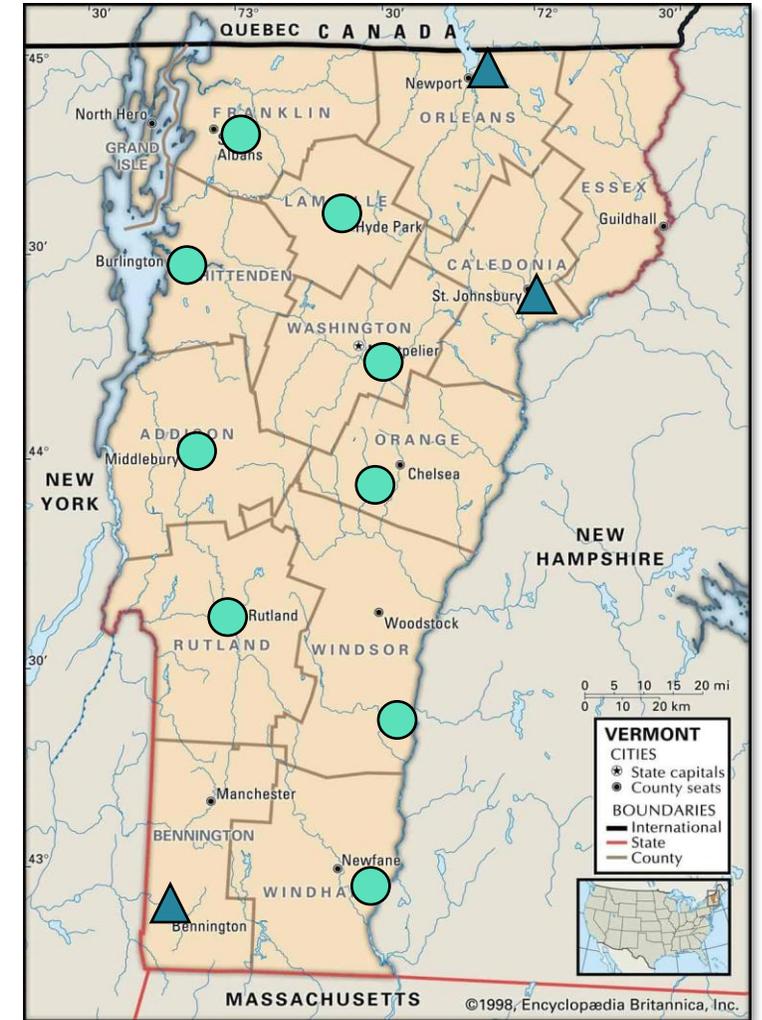
Integrated Crisis Beds: Implementation Timeline

▲ Phase 1: On or before 1/1/2026

- **Bennington County:** United Counseling Services (UCS) – *Bennington*
- **Caledonia, Essex and Orleans County:** Northeast Kingdom Human Services (NKHS) – *St. Johnsbury & Newport*

● Phase 2: On or before 7/1/2026

- **Addison County:** Counseling Service of Addison County (CSAC) – *Middlebury*
- **Chittenden County:** Howard Center – *Burlington*
- **Franklin/Grand Isle County:** Northwestern Counseling and Support Services (NCSS) – *St. Albans*
- **Lamoille County:** Lamoille County Mental Health (LCMH) – *Morrisville*
- **Orange County:** Clara Martin Center (CMC) – *Randolph*
- **Rutland County:** Recovery House / Rutland Mental Health – *Rutland*
- **Washington County:** Washington County Mental Health Services (WCMHS) – *Berlin*
- **Windham County:** Health Care and Rehabilitation Services (HCRS) – *Brattleboro*
- **Windsor County:** Health Care and Rehabilitation Services (HCRS) – *Springfield*



Persons who are in a correctional facility due to incapacitation

Persons who are incapacitated in DOC Protective Custody

The following includes a **high-level summary** of Admission, Observation, and Release of Individuals who are incapacitated.

DOC Policy	Admission	Observation	Release*
	<ul style="list-style-type: none"> ❑ A law enforcement officer shall bring an incapacitated person, aged 18 and older who is not charged with a crime, to a DOC facility to be lodged under its temporary, protective custody ❑ DOC shall only accept a person into its temporary, protective custody when a screeener from a licensed general hospital or Vermont Department of Health (VDH) Public Inebriate Program (PIP) determines that the person is incapacitated. ❑ Collect the signed incapacitation screening and disposition report certifying that a screener from a licensed general hospital or VDH PIP determined that the person is incapacitated 	<p>Facility staff shall:</p> <ul style="list-style-type: none"> ❑ House the incapacitated person in an area separated from incarcerated individuals, when possible ❑ Notify the persons family or their next of kin ❑ Physically observe the incapacitated individual at 15 or 30-minute staggered intervals or on a continual basis, if required ❑ Document the incapacitated persons behavior and appearance ❑ Provide urgent healthcare services, if needed 	<p>Facility staff shall release an incapacitated person:</p> <ul style="list-style-type: none"> ❑ If the facility supervisor determines that a person is no longer incapacitated based on the regular physical observation and documentation ❑ When the 24-hour temporary protective custody period has ended ❑ If the person is still incapacitated at the end of the 24-hour period, the facility will call emergency medical services; DOC staff will not accompany the individual to the hospital ❑ Facility staff shall document the date, time, and reason for the person's discharge

***Release:** There is a NEW transportation option provided by regional transit brokers available to individuals at discharge through the **Recovery and Job Access Program**. This will allow DOC to *better connect individuals to community resources like a Recovery Center*.

Persons who are Incapacitated in Correctional Facilities Data

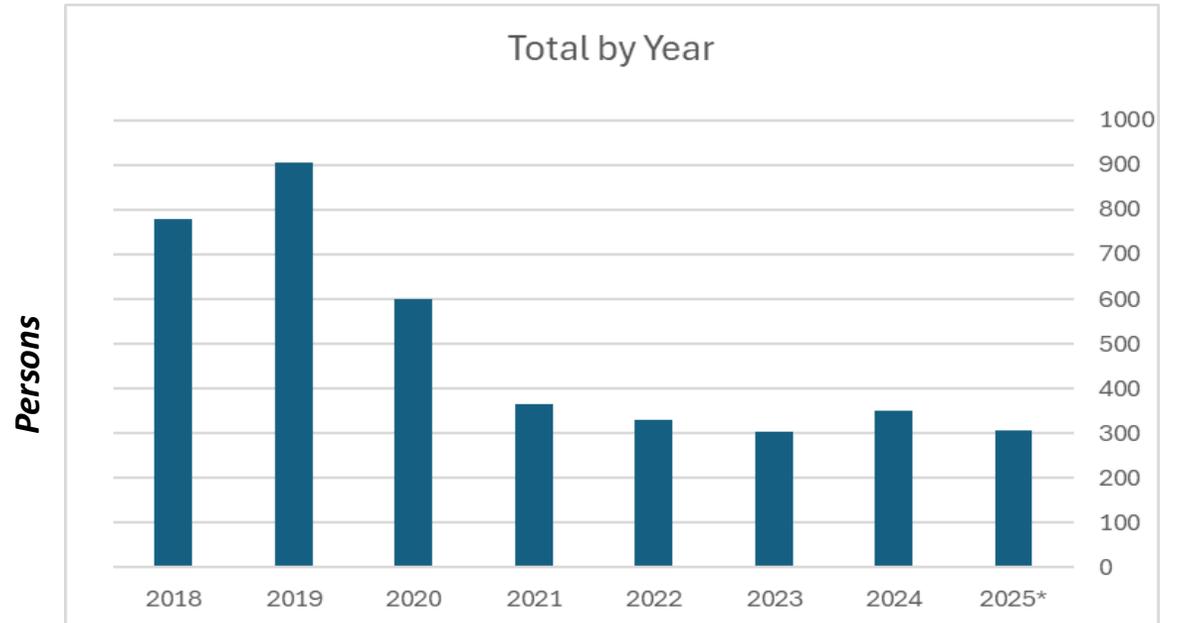
Persons who are Incapacitated per year by DOC Facility

	CRCF^:	MVRCF:	NECC:	NSCF:	NWSCF:	SSCF:	Total:
2025*	54	4	109	40	99	1	307
2024	38	20	153	58	70	13	352
2023	27	41	152	28	53	2	303
2022	16	16	127	35	127	8	329
2021	52	7	81	31	175	19	365
2020	268	27	87	14	167	38	601
2019	575	53	160	42	42	33	905
2018	537	36	101	39	46	19	778

**2025 Includes Jan – Oct only*

^One contributing reason for the drop in persons who are incapacitated by year at CRCF includes the switch from originally accepting men & women to just accepting women starting in the year 2020

Persons who are Incapacitated per year by Totals



**2025 Includes Jan – Oct only*

Challenges Connecting Individuals With Community-Based Resources

- Persons who are incapacitated in correctional facilities are not in DOC custody.
 - Because individuals are not charged with a crime, DOC does not have the same tracking capabilities within DOC's Offender Management System (OMS).
 - Because these individuals are not charged with a crime or captured in OMS, all records of these individuals are only **recorded locally on paper.**
- Persons who are incapacitated are dysregulated during the 24-hour protective custody period and are often not receptive to services during this period. They also present unique risks to staff and can be highly combative.
- Extending DOC's role to make community referrals for individuals not in custody widens Vermont's correctional footprint.

Coordinated Transportation

Expanding services/programming for persons who are incapacitated

Coordinated Transportation: Summary

<p>Goal</p>	<p>Provide consistent statewide transportation for individuals exiting an Integrated Crisis Bed, PIP, or DOC facility</p>	
<p>Summary</p>	<p>Expand the Recovery & Job Access (RJA) transportation program to provide rides, via public transit providers, to individuals exiting an Integrated Crisis Bed, PIP, or DOC facility to destinations including home (e.g., place where someone is staying), work, or a Recovery Center</p>	<div style="text-align: center;"> <p>Initiative Governance</p>  </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #008060; color: white; padding: 5px; text-align: center;">Department of Health</div> <div style="background-color: #008060; color: white; padding: 5px; text-align: center;">Agency of Transportation</div> </div> <div style="background-color: #008060; color: white; padding: 5px; text-align: center; margin-top: 10px;">Transportation Partners</div> <div style="background-color: #d9ead3; padding: 10px; text-align: center; margin-top: 10px;">Public Transit Providers</div> <div style="background-color: #008060; color: white; padding: 5px; text-align: center; margin-top: 10px;">Consulting Partners</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #d9ead3; padding: 10px; text-align: center;">DOC</div> <div style="background-color: #d9ead3; padding: 10px; text-align: center;">DMH</div> </div>
<p>Where</p>	<p>Statewide, in alignment with the rollout of the integrated crisis beds initiative + at all DOC facilities by 7/1/2026</p>	
<p>Population served</p>	<p>Those individuals exiting an Integrated Crisis Bed, PIP, or DOC facility who entered under the PIP statute</p>	

Appendix

Legislative Basis & Definitions

Legislative Basis

The Department of Health, Department of Mental Health, and Department of Corrections provide the following joint presentation, pursuant to Act 22, Sec. 6:

Sec. 6. REPORTS; SERVICES AND PROGRAMMING FOR PERSONS WHO ARE INCAPACITATED*

(a)(1) The Departments of Health and of Mental Health's existing plan to expand services and programming for persons who are incapacitated pursuant to 18 V.S.A. § 4810 shall prioritize Chittenden County.

*(2) On or before February 15, 2026, the Departments of Health and of Mental Health shall jointly provide a presentation to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare describing **efforts to expand services and programming for persons who are incapacitated pursuant to subdivision (1) of this subsection.***

*(b) On or before February 15, 2026, the Department of Corrections shall provide a presentation to the House Committees on Corrections and Institutions, on Health Care, and on Human Services and to the Senate Committees on Institutions and on Health and Welfare describing **efforts to reinstate the practice of connecting persons who are in a correctional facility due to incapacitation pursuant to 18 V.S.A. § 4810 with appropriate community-based substance use recovery providers.***

***Definition (18 V.S.A. § 4810):** When a person, as a result of their use of alcohol and/or other drugs, is in a state of intoxication, or of mental confusion resulting from withdrawal, such that the person: 1) Appears to need medical care or supervision by approved substance use treatment personnel, as defined in statute, to assure their safety; or 2) Appears to present a direct active or passive threat to the safety of others.

Common Terminology and Definitions

Key terminology related to 'persons who are incapacitated' has changed over time:

Historical Terminology (and current use)	Preferential Terminology
<p>Public Inebriate: When a person, as a result of their use of alcohol and/or other drugs, is in a state of intoxication, or of mental confusion resulting from withdrawal, such that the person: 1) Appears to need medical care or supervision by approved substance use treatment personnel, as defined in statute, to assure their safety; or 2) Appears to present a direct active or passive threat to the safety of others.</p>	<p>Persons Who are Incapacitated: When a person, as a result of their use of alcohol and/or other drugs, is in a state of intoxication, or of mental confusion resulting from withdrawal, such that the person: 1) Appears to need medical care or supervision by approved substance use treatment personnel, as defined in statute, to assure their safety; or 2) Appears to present a direct active or passive threat to the safety of others.</p>
<p>Co-occurring Treatment // Person with co-occurring Condition: Treatment and services for individuals with mental health and other treatment needs. "Co-occurring" most often refers to a combination of mental health and substance use disorders. // An individual with mental health and other treatment needs.</p>	<p>Integrated Treatment // Person with integrated treatment needs, Person with substance use and mental health condition: Coordinated delivery of mental health and substance use treatment, and related supportive services, through a unified approach, rather than separate systems. // An individual with both mental health and substance use treatment needs.</p>

Crisis Continuum of Care: The Crisis Continuum of Care contains three primary components: Someone to Call (988), Someone to Respond (Mobile Crisis), and Somewhere to Go (Mental Health Urgent Cares). Each of these components can serve individuals experiencing mental health and/or substance use crises.

Mobile Crisis Response: A two-person team, including a team member with lived experience, responding to a person-identified mental health and/or substance use crisis. The individual in crisis determines where to meet, and the team provide emergency screening and assessment to determine next steps. Most crises are resolved by Mobile Crisis in the community, and individuals can be referred by Mobile Crisis to additional services when needed. The response also includes follow-up services, to check on safety planning and make sure that the crisis has resolved.

Mental health and/or substance use crisis: An acute situation in which an individual's thoughts, emotions, or behaviors put themselves or others at risk of harm, or impair their ability to care for themselves and function safely in the community, during which an individual may need immediate intervention and time-limited intensive supports. Crises are self-defined by the individuals seeking assistance - if they feel they are experiencing a mental health and/or substance use crisis, they can engage with any component of the Crisis Continuum of Care and receive support.

Appendix

Pilot PIP Screening Form

Pilot PIP Screening Form

Section 1

Is this screening occurring virtually?*

Yes

No

Date*

Oct 23, 2025

Time*

Personal Information

Name (Last, First)*

Age*



Submit



Pilot PIP Screening Form

Gender*

- Male Female Non-binary
 Transgender Other Refused

Experiencing homelessness?*

Yes

No

Contact information

Officer Name*

Law Enforcement Agency

Q Search...

- Vermont State Police
- Addison County Sheriff's Office
- Bennington County Sheriff's Department
- Caledonia County Sheriff's Office
- Chittenden County Sheriff's Department
- Essex County Sheriff's Office
- Franklin County Sheriff's Department
- Grand Isle County Sheriff's Office
- Lamoille County Sheriff's Department

Pilot PIP Screening Form

Screening Information

Substances Used*

Q Search...

- Alcohol
- Opiates
- Stimulants
- Benzodiazepines
- Cannabis
- Hallucinogens
- Other

If 'other' substance, please add information

Time last used*

04:07 pm



Amount last used*

BAC 1

BAC 2

Refused BAC

 No

Pilot PIP Screening Form

Danger to self*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Danger to others*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Psychiatric crisis*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Oriented x3*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Walk without assistance*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Immediate medical concerns*	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Prior screening in emergency department*	<input type="button" value="Yes"/>	<input type="button" value="No"/>

Disposition Information

Disposition*

PIP bed Self Hospital

Safe adult Correctional Facility Other

Disposition Information

Disposition*

PIP bed Self Hospital

Safe adult Correctional Facility Other

If PIP disposition, which PIP is individual directed to?

Recovery House

Pilot PIP Screening Form

Disposition Information

Disposition*

- PIP bed Self Hospital
 Safe adult Correctional Facility Other

If Correctional Facility, which facility

- Chittenden Regional Correctional Facility Marble Valley Regional Correctional Facility Northeast Correctional Complex
 Northern State Correctional Facility Northwest State Correctional Facility Southern State Correctional Facility

If Correctional Facility or other disposition, select reason

- No beds available Medical concerns Behavioral concerns

Disposition*

- Self Hospital Safe adult
 Correctional Facility Other

If Correctional Facility or other disposition, select reason

- No beds available Medical concerns Behavioral concerns

Q Search...

- Rule non-compliant
 Refused BAC
 Threatening, offensive, or violent
 Flight risk
 Uncooperative

Pilot PIP Screening Form

Screeener name*

Screeener signature* Signature

X

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