

TO: House Committee on Human Services FROM: Recovery Partners of Vermont RE: Public Inebriate language in S.36

DATE: April 3, 2025

Dear Chair Wood,

Recovery Partners of Vermont (RPV) respectfully submits this written testimony to share our concern with Sec. 4 of S.36, an act relating to the Medicaid payment model for residential substance use disorder treatment services.

First, we want to clarify that while RPV members fully support the goals outlined in this bill, S.36 does not apply to Vermont's certified recovery residences. This bill focuses on "treatment", which is an equally important step in someone's lifelong journey to recovery, but it is different and distinct from recovery services. Please see our <u>testimony to the Senate Health and Welfare Committee</u> for further information about this important distinction.

However, Sec. 4 of S.36 repeals existing law which prohibits public inebriates from being incarcerated in a Department of Corrections' facility. RPV members interact with and support people who suffer from alcohol and other substance use addictions every day - people who may experience public inebriation. RPV strongly opposes the repeal of existing law prohibiting public inebriates from being incarcerated.

People experiencing public inebriation need guided support, not punishment and isolation. Law enforcement has been a valuable partner in this approach to direct people to needed services and not incarcerate them, and we do not understand the underlying goal of shifting away from this status quo.

Recovery programs in recent years have employed community policing approaches, with recovery coaches working alongside law enforcement officers to conduct outreach and support people. Through this outreach and intervention, people struggling with alcohol and substance use are referred to detox, treatment, recovery services, and other suitable resources. People might be referred to an emergency department where recovery coaches are available in addition to medical staff, or to a detox or treatment program, depending on their needs.



All of this is done with the goal of keeping people out of correctional facilities whenever possible, because we know that people with complex and often co-occurring issues are not best served in a correctional facility. Incarceration only adds another barrier to a life already burdened with many challenges.

As one example of RPV's role in this particular issue, consider Journey to Recovery Community Center's pilot "social detox" bed. With this social detox bed, Journey to Recovery connects an inebriated individual who has been medically cleared with recovery support. This bed provides respite and a bridge between medical intervention and in-patient treatment. It's a safe place to rest, with trained and supportive staff, until space at a treatment facility opens up.

These are the types of programs and initiatives we need to invest in to help people experiencing inebriation. Incarceration is a barrier, not a bridge.

Susan Walker

Executive Director, Recovery Partners of Vermont

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