

Meeting Minutes
Working Group on Policies Pertaining to Individuals with Intellectual Disabilities Who
Are Criminal-Justice Involved
August 2, 2023
Microsoft Teams Phone/Video Conference

ATTENDEES

Working Group Members Present: Susan Aranoff (Developmental Disabilities Council - DDC), Max Barrows (Green Mountain Self Advocates - GMSA), Karen Barber (Department of Mental Health - DMH), Susan Garcia Nofi (Vermont Legal Aid - VLA), , Stuart Schurr (Department of Disabilities, Aging, and Independent Living - DAIL), Jennifer Poehlmann (Vermont Center for Crime Victim Services - VCCVS), Eliza Novick Smith (Vermont State Employees Association - VSEA), Tiffany North Reid (Office of Racial Equity - ORE), , Rep. Rey Garofano (House Human Services - HHS), Rep. Ela Chapin (House Judiciary - HJ), Sen. Dick Sears (Senate Judiciary - SJ)

Working Group Members Absent: Pat Frawley (Vermont Crisis Intervention Network - VCIN), Hon. Karen Carroll (Vermont Judiciary - VJud)

Others Present: Ashley Bonneau (DAIL), Rebecca Silbernagel (DAIL), Josh Rutherford (DOC), Colleen Nielsen (DOC), Delaina Norton (HC), Marie Lallier (), Joanne Kortendick, Kelly Carroll

Motion to Approve July 10, 2023, Minutes: First: Jennifer Poehlmann
Second: Mary-Graham McDowell

Minutes are approved as written.

Vermont Care Partners:
Mary-Graham McDowell, RMHS

Rutland Mental Health Services (RMHS) supports about 10 individuals who are under an Act 248 order, only a few of whom exhibit extremely challenging behaviors, including aggravated assault with a deadly weapon, multiple elopements from community programs, arson, and property destruction resulting in no trespass orders and evictions from multiple properties.

RMHS showed data on how much it costs to support an individual who exhibits these challenging behaviors. The staffing ratio to support the individual is a 3:1, 24/7 through a contracted staffing firm, which costs \$25,000 per week. With the current staffing

crisis, the statewide average vacancy rate is 24%, which is equivalent to 6 unstaffed hours per day. Over the last year, the Developmental Services Crisis Team has received 320 calls, 75% of which concerned 5 individuals who were under Act 248. Over the last 11 months, 3 of those individuals presented to the Emergency Department 84 times with non-medical-related emergencies. None of these visits resulted in admissions but utilized the limited resources these health care facilities have available to the public.

Individuals' budgets include funding for agency support staff. The cost of housing in hotels is \$10,550 per month, and the staff support costs \$7,000 per month. Individuals who are under Act 248, who are not exhibiting these dangerous behaviors are able to live with shared living providers and, in those cases, no additional costs are incurred.

It was asked how these individuals being supervised if they are placed in hotels. RMHS responded that staff are directed to support the individual wherever they live. Staff ensure the clients basic needs are met and are tasked with providing supervision; however, there is chronic elopement. In such a setting, there is no reasonable way to monitor the individual's comings and goings.

Often, individuals who are in community-based settings do not feel it is the best path for them. These placements can be very isolating. While law enforcement is authorized to return to their program an individual on Act 248 who has eloped, a lack of resources often makes it difficult for law enforcement to respond as needed.

RMHC was asked if it had identified the type of resources required to meet the needs of the individual. RMHS responded that stabilization and treatment of mental health is currently lacking. Smart housing is another option that would be beneficial for the Rutland area.

Susan Garcia-Nofi asked for clarification as to whether the presenter believes that individuals who indicate they would rather go back to jail are suggesting that they want that type of setting or rather that they would prefer to serve their time and be released. RMHS responded that it believes the individual wants to pay their dues and move on but that Act 248 is a cycle that does not have an end date.

**Vermont Crisis Intervention Network:
Pat Frawley**

The agenda changed as Pat Frawley was unable to attend this meeting. He will be presenting at the next meeting.

**Vermont Department of Corrections (DOC) Prospective:
Josh Rutherford and Colleen Nilsen**

In the last two years there have been three individuals who have exceeded the capacity of care for them at DOC. One individual stayed in the corrections facility for nearly 250 days for lack of an appropriate community placement. The second individual was in DOC custody at two different times. The first time, the individual was in custody for 100 days before moving to a community placement. The individual then returned to DOC custody, where they have remained since April 2023. The third individual was incarcerated in late July and is awaiting a competency evaluation but was previously found incompetent to stand trial.

DOC faces challenges in meeting the wide-ranging treatment needs of individuals with intellectual and developmental disabilities. DOC training is limited to one-day, and it is focused on how to support these individuals.

Corrections facilities are not well designed as trauma-informed institutions. As a result of the work of DOC, law enforcement, and the Legislature, the number of incarcerated individuals has been reduced; however, those remaining in DOC custody are more violent and predatory. As such, individuals with intellectual disability who are placed in DOC custody are even more vulnerable and at greater risk of harm.

Public Input:

In response to a request for clarification as to its statement that RMHS is not a fan of a forensic facility, RMHS responded that it believes that a stabilization and step-down program is more beneficial than a forensic facility alone.

In response to a question as to how a stabilization bed differs from VCIN, RMHS responded that the crisis beds that there are currently in Vermont are limited in number and designed for short-term stays while more long-term supports are identified and put in place. Stabilization would allow the individual to determine the trajectory of their care and program.

The meeting was adjourned at 4:00pm